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THE NATIONAL

ELECTIC MEDICAL ASSOCITION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

A JOURNAL OF ECLECTIC MEDICINE AND SURGERY.

Comprising the Proceedings, Papers and Discussions of the Association, and Published in the Interest of the Eclectic School of Medicine.

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INDEX

Abscess of the Pelvis, 330.
A Look into the near future, 164.
American Medical Association, Some Valid Reasons for protesting Against the bureau of Education furthering the Political Campaign of the privilege-seeking, 43.
A more definite pathology, 139.
Asepsis and Conduct of Labor, 101.

Back to the People. Down with Narcotics and Habit-forming drugs, 34.
Boy and Girl, Circumcision as a therapeutic and prophylactic measure, in the, 230.
Bureau of Education furthering the political campaign of the Privilege, protesting against, 43.

Calcium sulphide in Pellagra, 225.
Calendar of State Examining Boards, 86, 283.
Cancer and Sarcoma. A urinary test which aids the diagnosis of, 220.
Case of Chorio-Epithelioma with some infrequent features, 133.
Cascara Amarga (Picramnia), 151.
Cerebro-spinal meningitis, 141.
Cesarean Section, with report of a case, 50.
Chickenpox, 300.
Chorea, 201.
Chorio-Epithelioma with some infrequent features, 133.
Chromium Sulphate, 114.
Corresponding Secretary, Report of, 10.
Circumcision in the boy and girl as a therapeutic and prophylactic measure, 230.
Committee on Organization, Report of, 14.
Common Sense, 70.
Conduct of Labor, Asepsis and, 234, 101.
Congenital Phimosis, 234.
Congenital Phimosis, 340.
Consolation, 166.

Deaths of Physicians in 1914, 361.
Diagnosis and Treatment of Typhoid Perforation, Surgical, 55.
Diagnosis of Cancer and Sarcoma. A urinary test which aids the, 220.
Disease, Food as a factor in the etiology of, 206.
Doctor and Laity in Venereal Diseases, 320.
Doubtful Line, 187.
Drainage, 213.
Drug Study, Progress in, 238.

Eclectic Therapeutics, 170.
Editorials, 67, 163, 257, 349.
Electrical Treatment. Pelvic Inflammation 109.
Endometritis, Non-Surgical Treatment of, 342.
Engineering, Sanitary, 121.
Epileptic Complications in Goiter, 348.
Ethics, 260.
Etiology of Disease, Food as a Factor in the, 206.
Exophthalmic Goiter, 248.
Experience in General Practice, Two years Obstetrical, 62.
Experience with tropical diseases, Personal, 89.

Face Presentation, 237.
Faith and Fear on the Mind, in Health and in Disease, The Influence, 235.
Few Points from Obstetrical Practice,
Food as a factor in the etiology of Disease, 206.
Forty-fourth Session. The National Eclectic Medical Association, 1.

Gastro-Enterostomy, 309.
General Paresis, 91.
Get together, 68.
Goiter, Exophthalmic, 248.
Goiter with Epileptic Complications, 348.
Gynecologist, Orificial Surgery an aid to the, 158.

Health and in disease, The influence of faith and fear on the mind in, 235.
Hemophilia, 161.
History of Hypnotism, 314.
Homeopathic-Eclectic Conference, 378.
Hydrocephalus, Spina Bifida, 115.
Hypnotism, History of, 314.

Inammation; Pelvic, its Electrical treatment, 109.
Influence of faith and fear on the mind in health and in disease, 235.
Infrequent features of a Case of Chorio-Epithelioma, 133.
Initial stage of Syphilis, Treatment of the, 111.
Injections. IntraUterine, 242.
Insanity consuming the United States' population—The National Calamity, 44.
Intestinal Toxemia, 154.
Intra-Uterine injections, 242.

Labor, Asepsis and Conduct of, 101.
Legislation, 164.
Leucorrhea, 156.
Life, 333.

Management of normal labor, 138.
Medical Legislation,
Medical Practice in India, 304.
Medicine, Progress in, 41.
Meningitis, Cerebro-spinal, 141.
Metritis, 292.
Milk-sickness, 262.
Miscellaneous, 78, 180, 359.

Narcotics and Habit-forming Drugs, Down with. Back to the People, 34.
National calamity—Insanity Consuming the United States Population, 44.
National Committees, 182.
National Meeting, 363.
National Program, 367.
Nervous conditions of the Pregnant female, 227.
New Applications for Membership, 352.
New Points from Obstetrical Practice, 326.
Non-Surgical Treatment of Endometritis, 342.
Normal Labor, Management of, 138.
Notes and News, 71, 176, 267.

Obituaries, 81, 180, 274, 361.
Obstetrical experiences in general practice, two years, 62.
Obstetrical Practice, a Few Points, 326.
On to San Francisco, 69.
On to Victory, 67.
Opportunity, 169.
Organize, 256.
Organization, 70.
Orificial Surgery an aid to the Gynecologist, 158.
Ovaries and Tubes, Surgical Treatment of, 210.
Over Medication, 260.

Paresis, General, 91.
Pathology. A More Definite, 130.
Pellagra, Calcium Sulphide in, 225.
Pelvic Abscess, 330.
Pelvic Inflammation; Its Electrical Treatment, 109.
Personal experience with tropical diseases, 89.
Phimosis, Congenital, 234.
Phimosis, Congenital, 340.
Phlebitis, 340.
Pituitrin, 293.
Pneumonia, 285.
Practitioner vs. Specialist, 59.
Practice in India, medical, 304.
Pregnant female. The nervous conditions, 227.
Pregnancy—Result, Puerperal Eclampsia. Toxemia and Nephritis of, 126.
Pregnancy, Vomiting in, 296.
President's Address, 31.
Progress in Medicine, 41.
Puerperal Eclampsia. Toxemia and Nephritis of Pregnancy, 126.
Pulsatilla, 215.

Quarantine, An Efficient One, 323.

Report of Committee on Organization, 14.
Report of Corresponding secretary, 10.
Report of Recording secretary, 5.
Reports of Standing Committee, 18.
Report of Treasurer, 13.

Sanitary Engineering, 121.
Sectarian, 167.
Small things that make up a successful life, 245.
Smallpox and Its Treatment. 303.
Snap Diagnosis, 312.
Society Calendar, 87.
Society Calendar, 376.
Some Valid reasons for protesting against the bureau of education, the political campaign of the privilege-seeking American Medical Association, 43.
Specialist vs. Practitioner, 59.
Specific Medication and Specific Medicine, 322.
Special Announcement, 375.
Specific Medicine Pulsatilla, 215.
Special Route to the National, 380.
Spina Bifida and Hydrocephalus, 115.
Spurious Drugs, 192.
Standing Committees, Reports of, 18.
State Notes, 353.
Sterility, 114.
Surgical Diagnosis and Treatment of Typhoid Perforation, 55.
Surgical Treatment of Ovaries and tubes, 210.
Syphilis, Treatment of, 332.
Syphilis, Treatment of the Initial Stage of, 111.

The Future, 329.
The National, 68, 263.
The National Eclectic Medical Association, Minutes of the Forty-fourth Session. June, 16-19, 1914, 1.
Therapeutic and prophylactic measure, Circumcision in the Boy and Girl as a, 230.
To call an Eclectic is to be cured, 163.
Toxemia and Nephritis of Pregnancy—Result, Puerperal Eclampsia, 126.

JAN 5- 1917
94131

Toxemia. Intestinal, 154.
Treasurer's Report, 13.
Treatment of the Initial stage of syphilis, 111.
Treatment of Smallpox, 303.
Treatment of Syphilis, 332.
Tropical diseases, Personal experience with, 89.
Two years obstetrical experience in General practice, 62.
Typhoid Perforation, Surgical Diagnosis and treatment of, 55.

Urinary Test which aids the diagnosis of Cancer and Sarcoma, 220.

Varicella in Adults,
Venereal Diseases, the Doctor and the Laity, 320.
Viburnum Prunifolium, 166.
Vomiting in Pregnancy, 296.

What Constitutes an Efficient Quarantine, 323.
What is Meant by Specific Medication, 322.
Who shall be permitted to dispense medicines? 257.

Xanthoxylum Frax, 253.

THEO. D. ADLERMAN, M.D.

BROOKLYN, NEW YORK.

President National Eclectic Medical Association

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

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THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Minutes of the Forty-Fourth Annual Session, held at Indianapolis, Ind., June 16-19, 1914.

TUESDAY MORNING SESSION.

Convention called to order at ten o'clock by the president, Dr. W. S. Glenn, of State College, Pa.

DR. GLENN: The invocation will be pronounced by the Rev. Allan B. Philputt, of the Central Christian Church, of Indianapolis.

REV. A. B. PHILPUTT: Almighty God, in the opening of this session we all look to thee, for in thee we live and move and have our being. Thou art the Maker of our bodies, and all activity and all aspiration and progress begin and end in thee. The blessings of life come from thee, the ample provisions for the growth of civilization and happiness, intellect and culture, these thou hast furnished us, and we would offer grateful recognition of all thy mercies and benefits to us.

We pray thy blessing upon this association of men and women, whose great and noble purpose in life is to benefit humanity and prevent and cure its ills, and to vouchsafe as far as they may be able length of days and happiness to us all. We pray that upon them in their stay with us every day and every hour may be manifest thy favoring love and presence. May those who have come within our gates from distant places receive hearty welcome and feel at home in the fellowship, not only of their medical brethren, but of our hospitable city. We pray thee to bless the cause of education, of science, and of medicine, and those who unweariedly and unselfishly give themselves to research and to practice that they may advance, if possible, the knowledge of those things so vital to our well-being and comfort.

We pray thee to bless our city within whose gates these representative men and women have come. May the blessing of God be upon the mayor of this city, and upon all who are charged with responsibility, and we pray that we may feel that in all things we receive thy guidance and wisdom and right direction. Bless us day by day in whatever walk of life we may go; may our desire be most of all not to aggrandize ourselves, but to serve our

day and generation. We ask this, with the forgiveness of our sins, in the name of Jesus Christ our Lord. Amen.

Dr. Glenn: It is, indeed, a pleasure to me to introduce to you the busiest man in Indianapolis, who has taken time to come to this hall to give us an address of welcome—the Hon. Joseph E. Bell, mayor of Indianapolis. [Applause.]

Mayor Joseph E. Bell: Mr. President, and Members of the Association: I am, indeed, glad to come here upon this bright, sunshiny morning to bid you welcome to this, Indiana's capital city. I need not tell you, you are welcome this morning, because the sunshine tells you that, and on this morning we could not be anything else than happy. And we hope to continue these climatic conditions here until, instead of our people going to Michigan to spend the summer, people from Michigan and other northern resorts will come here to spend the summer. They can not beat the sunshine we have this morning. But one of the characteristics of Indiana and its people is, that even although the clouds may come and shut out the sunshine, we always have a sunshiny welcome for those who come to us. Indianapolis is a convention city, and it is one of the problems of the mayor to find something new to say to each convention that comes. The other day I welcomed a convention of people interested in pure food and sanitation, and in the afternoon a convention of undertakers. I am called upon almost every day to welcome two or more conventions on various subjects, and I try to put myself in a frame of mind where I can make them all feel welcome. They are all a necessity in some particular place or other.

And this morning I welcome you, a part of the great medical profession of the world, because you endeavor to bring the sunshine of health into the lives of humanity. I think the physician perhaps comes closer to the family and the hearts of mankind than any other profession. You come to those in need, who are sick in body and in mind, and you endeavor to bring them back again into the natural walks of life, into natural conditions which ordinarily obtain under sunshine such as we have this morning.

And so, hurried as I am to get away this morning, because I have but a moment here, I bid you welcome to this city. I want you to know that all we have, all we can give you to make your stay here pleasant, is yours. We hope you will come again, and when you come, Indianapolis will always have the gate open. The latch-string does not hang out here—we just leave the gate open. There is no latch-string—just come in. You are always welcome. [Applause.]

Dr. Glenn: We will now listen to an address of welcome by one of our members, Dr. J. H. Hauck, of Terre Haute, Ind., president of the Indiana State Society.

Dr. J. H. Hauck (Terre Haute): Mr. President and Members of the National Society: History is repeating itself. You were our guests and honored us with your presence eleven years ago. At that time Indianapolis and Indiana made themselves famous in the matter of entertainment, which

has not even been approached since. Everybody went away from that meeting with words of praise on their lips and happiness in their hearts—and I may add with full stomachs.

You are our guests again to-day. I wish to say that we intend to entertain you as royally and as comfortably as we did eleven years ago. I think that any one of the features that we have prepared for your entertainment will be worth your while coming here to attend this week's meeting.

We have nothing to show you in the way of monstrosities or phenomena. You have heard of the old colored preacher who preached his first sermon in his new charge, and used many large words in trying to uphold the dignity of his position. Towards the latter end of the sermon one of the elders got up and said, "Pastor, you have used many big words, but the last word we do not understand. I wish you would enlighten us as to the meaning of the word 'phenomena.'" "Don't you know what phenomena means?" "No." "Well, I will enlighten you. If you were going down the road and saw a cow sitting in the road, that would not be a phenomena. If you saw on the same road a thistle, that would not be a phenomena. And if you saw a bird sitting on the thistle, singing merrily, that would not be a phenomena. But if you went down that same road and saw a cow sitting on a thistle, singing merrily, that would be a phenomena." We have nothing of that kind to show you.

In behalf of the State of Indiana, and of the Eclectics of the State of Indiana, I welcome you to Indianapolis, and trust that your stay among us may not only be a benefit and pleasure to yourselves, but to us as well. I thank you. [Applause.]

DR. GLENN: Dr. Thomas has just come in. He will give the response.

DR. R. L. THOMAS (Cincinnati): Ladies and Gentlemen: In behalf of the National Eclectic Medical Association, I wish to thank you for this hearty welcome to this magnificent city. It was not necessary for the speaker to say that you have not any wonderful things or any special phenomena to show us. That was not necessary. We all know that Indianapolis is a great city, a wonderful city in many respects. It is the chief city in a State that furnishes vice-presidents and senators of world-wide reputation to both parties; a city that has magnificent homes and many celebrities—the home of the sweet singer, Riley; of the great novelist, Tarkington, and others too numerous to mention. And so it is always a pleasure for this Association, as well as other associations, to meet in the city of Indianapolis.

We are gathered here for a special purpose, and, while we expect to have a good time, we did not especially come here for a good time—that goes without saying—but we could not be in Indianapolis very long without having a good time. We are here, however, for the purpose of contributing our mite, whether small or large, to the great cause of medicine. We have been accused in a rather disdainful way of being sectarian in medicine,

and for that reason hardly an excuse for existence. But I am sure you will all agree if it was not for sectarianism in medicine, in religion, in politics, our country would not be worth much to-day. In religion it has made the greatest advance in the world. In fact, our modern civilization and Christianity is due to sectarianism. I fancy everyone here is sectarian in politics; you are Republican, or Democrat, or Bull Mooser, or something else. If it were not for sectarianism in politics, what would our country come to? And so in medicine, we will admit that we are sectarian in some respects, but with the admission we also believe that had it not been for the sectarianism that is injected into medicine we would be far in the rear of where we are to-day.

And so, while we are gathered here anticipating a delightful time, we are also here to contribute something toward a still further advance in the practice of medicine. I am sure I voice the sentiment of every member of this Association when I say we thank you most heartily for this cordial welcome. [Applause.]

Roll call of officers showed every officer present.

Roll call of States for the formation of the Committee of Delegates resulted as follows:

Arkansas: Dr. W. G. Choate.
Connecticut: Dr. Frank Webb.
Florida: Dr. G. W. Holmes.
Illinois: Dr. Finley Ellingwood.
Indiana: Dr. Morse Harrod.
Iowa: Dr. W. W. Maple.
Kentucky: Dr. Lee Strouse.
Michigan: Dr. Zell Baldwin.
Missouri: Dr. D. J. Wiesner.
Minnesota: Dr. F. E. Hufnail.
Nebraska: Dr. F. L. Wilmeth; Dr. F. M. Andrus (alternate).
New York: Dr. T. D. Adlerman.
Ohio: Dr. W. T. Gemmil; Dr. R. L. Thomas (alternate).
Oklahoma: Dr. E. G. Sharpe.
Pennsylvania: Dr. R. E. Holmes; Dr. Hemminger (alternate).
South Dakota: Dr. W. B. Collins; Dr. W. E. Daniels (alternate).
Tennessee: Dr. J. B. Harvill.
Texas: Dr. Rosa B. Gates; Dr. Mary Morey (alternate).
West Virginia: Dr. Thomas Slayden.
Wyoming: Dr. T. A. Dean.
Cincinnati College: Dr. J. K. Scudder.
Lincoln Medical College: Dr. W. N. Ramey.
Kansas City College: Dr. F. Marshall Planck.

Dr. Wm. P. Best (Recording Secretary): According to our constitution there must be representatives of at least six States before we can constitute a legal meeting, and since we have reported delegates from twenty States, a sufficient number to constitute a quorum, I declare this a

legally constituted meeting of the National Eclectic Medical Association.

(Reading of minutes of previous meeting and approval.)

DR. GLENN: If there is no objection the minutes of the previous meeting will be approved as printed in the QUARTERLY. They are approved as printed.

DR. GLENN: We will now listen to the report of the officers

REPORT OF THE RECORDING SECRETARY.

Each year demonstrates the importance, the growing importance of our organization. This points to the necessity for greater consideration in the perfection of the organization, particularly of the integral parts thereof—the State societies. It should require no argument to show that the efficiency of this central, National body can be no greater; we can be no stronger than the combined strength of the State bodies.

This, then, raises the question of better detail in the organization, a question well worthy of serious thought and much effort.

Some of our State bodies are represented here by their delegates only, and for a delegate to meet with and take part in the deliberations of the body of delegates is only one and perhaps the least of the possibilities of such a representative. The delegate should not only speak for his society, but he could render equal or greater service to it by carrying back ideas and suggestions for its betterment. To be more specific: We have, this year, arranged for a meeting of the State secretaries in the interests of the State societies. They will, we trust, thereby be better enabled to attend to the duties devolving upon them, and be ready to act in unison, that our National Association may be of the greatest possible service to all.

(We would earnestly recommend that States from which the State secretary is not in attendance at this meeting and States having no society, should representatives from such be present, be permitted to have the delegate who may be at the meeting or some one selected by the president to act for such State, attend this meeting of secretaries.) This suggestion is made with the belief that a great stride may be made toward better, more efficient and more systematic organization and State work.

We would urgently appeal to all that more care be exercised in the selection of State officials, and that they promptly inform the National Association of local conditions that the latter may better serve them. The benefit to all will be much enhanced by some system in the management of State societies, keeping in closer touch with individuals and a more careful system of recording the business of the societies. The reports and membership of the different societies easily show where the best system is used and the most faithful and loyal service is given.

Last year an attempt was made to get all Eclectic representatives on State boards to become members of the National. Some have complied with the request, but we would urge our State societies to be more careful in recommending men for these places, as in some cases those enjoying political preferment are not wide awake to the interests of our cause.

Most of our State societies are in a healthy condition. Some of the reports are very late in reaching us, and we are not able to give a complete summary of conditions.

Our growth for the year has been healthy though not active. The nearer we obtain all the available men, the more difficult it becomes, proportionately, to secure others. This is not a discouraging condition, but one suggesting better, more patient, and more persistent effort.

The past year, in particular, has demonstrated the inefficiency and obsoleteness of the present method of preparing our program. This method is provided for by the by-laws, and I would recommend that some serious consideration be given to this subject, looking to some improvement of the present plan or the substitution of one wholly different.

In this age, of what might be termed the re-establishment of drug therapy, we feel it not out of place to recommend that our members make a careful study and report of materia medica and therapeutics. We should spend more time in a better understanding of agents that have an established place in therapeutics and a painstaking effort to aid in the establishment of the proper place for newly introduced agents. As a school of medicine, represented by this great and important National body, we can not afford to rest on our laurels, nor do we wish to occupy the position, that unenviable position, in the medical world, which would permit us to decry the efforts or refuse to profit by the discoveries of others.

During the year past the work of organization has been carried on by correspondence by our tireless and efficient corresponding secretary. For this reason little personal visiting to the State societies has been attempted, except in one urgent case. Conditions and statements from the State officers of the State society of Illinois, made it seem advisable that this society receive some personal care. We regret to have to call attention to the wellnigh successful effort to wreck this particular society. A number of loyal Eclectics in that State still cherish the cause and protect the good name of the State society, yet they are standing against great discouragement, high handed methods and disloyalty which manifested itself in some of the members of the executive committee and others who have been the recipients of much honor at the hands of the society in question. With this report I submit correspondence relating to the conditions above mentioned.

I would call attention to the farreaching methods of the A. M. A. in its efforts to circumvent and shut off all colleges not to its liking, even those which have or may obtain endowments or university connection, both of which seem so desirable if not absolutely necessary according to the standards of these would-be dictators. It would seem that they are meddlesome enough to approach schools of all types and make suggestions couched in language that when fully understood amounts to a demand that the dictum of the A. M. A. be followed. It is not necessary for me to enlarge on this question, as our college men will, no doubt, give proper attention to it. The Homeopathic organization has succeeded in bringing

pressure sufficient to compel recognition by the board of directors of the so-called American College of Surgery, which is another outgrowth of the gigantic octupus which has assumed authority in all things medical and surgical.

It has recently come to our notice that one element of the A. M. A., is openly advocating and endeavoring to obtain Federal legislation, cabinet membership and departmental power over the public health of the United States, and that the policies of the present regime in the form of the Federal Department of Health is striving to attain practically the same power by gradually working up to and attaining such ends through the development of the present system with the addition of carefully drawn legislation from time to time as the scheme unfolds. The cause of public health seems to be an all-absorbing one to these two elements of the dominant school of medicine, and at present it is difficult to prognosticate which will be, in the future, the less of the two evils.

Since June 1, 1913, the receipts from the State secretaries and individuals would indicate that we have not in any way suffered from depletion of our ranks, except through natural causes. Many of our members have died since we last met, most of them from advanced years. It is but due that we stop and for a moment give silent tribute to their work and worthiness. More than twice the number above mentioned have died out of the ranks of Eclecticism, death being busy picking them off here tnd there, and we have need for many recruits to take their place in the ranks.

At the present we have a membership of 1,406, against a membership of 400 when we began the reorganization under the present plan.

	1915.	1914.	1913.	1912.	TOTAL.
Arkansas has a membership	..	35	22	9	61
Canada has a membership	..	2	..	..	2
California has a membership	..	60	21	4	85
Colorado has a membership	..	..	4	4	8
Connecticut has a membership	15	8	6	..	29
Cuba has a membership	..	1	..	..	1
Idaho has a membership	..	2	..	1	3
Illinois has a membership	..	39	35	16	80
Indiana has a membership	..	32	20	9	61
Iowa has a membership	12	4	5	5	25
Kansas has a membership	..	34	11	6	51
Kentucky has a membership	19	3	6	6	34
Maryland has a membership	..	6	..	..	6
Massachusetts has a membership	..	19	2	..	21
Michigan has a membership	8	6	2	..	16
Minnesota has a membership	..	1	..	..	1
Mississippi has a membership	..	1	..	..	1
Missouri has a membership	24	31	27	..	96
Nebraska has a membership	32	23	25	..	80
Nevada has a membership	..	1	..	..	1
New Hampshire has a membership	..	1	..	..	1
New Jersey has a membership	..	4	4	2	10
New Mexico has a membership	..	..	..	2	2
New York has a membership	129	18	6	..	153
Ohio has a membership	71	105	14	..	190
Oklahoma has a membership	1	31	6	..	38
Oregon has a membership	..	..	..	2	2

	1915.	1914.	1913.	1912.	TOTAL.
Pennsylvania has a membership	..	55	7	14	76
Rhode Island has a membership	..	1	..	..	1
South Dakota has a membership	..	13	2	1	16
Tennessee has a membership	7	6	4	..	21
Texas has a membership	..	64	11	5	80
Utah has a membership	..	1	..	1	2
Vermont has a membership	..	..	1	..	1
Washington has a membership	..	2	..	..	2
West Virginia has a membership	1	3	6	..	10
Wisconsin has a membership	1	13	8	..	22

We would impress some patent facts upon the membership of the Association:

Your officers are your servants.

If they do not serve you well, choose others.

If they are efficient, conscientious and satisfactory do not forget:

The Association is yours.

Your support is necessary to the welfare of anything that belongs to you.

Should you deem some course of action unwise, speak to the officers, or, better, go to the meetings and help form the policies and assume the obligations and responsibilities your membership implies.

Keep your Association informed of facts pertaining to the welfare of all. What affects you, will, perhaps, affect all.

Your Association has for its object co-operation between the several State societies and Eclectic medical colleges; the promotion of the art and science of medicine and surgery; the dissemination of beneficial knowledge and the Eclectic practice of medicine.

If our principles are worthy of our time and advocacy, if they promote the welfare of the people and our success and livelihood, we should cheerfully and heartily support our organization.

An organization presupposes several facts:

First.—A cause for existence.

Second.—Adherents.

Third.—Money.

Fourth.—Loyalty.

Fifth.—Enthusiasm.

We believe in our cause, do you? If so, join the organization, be an adherent, strong on the "ad."

Pay your dues, promptly, cheerfully, and allow a margin for maintenance.

Talk for, work for, plan for, and live for the cause you adopt.

Put something more than a cold dollar into the cause. Some enthusiasm and the enthusiasm is easier to work up by attendance, by taking a part, by giving something of value to others.

We can not hope to survive unorganized.

We learn to help by helping.

Build up, do not tear down.

Suggest a better way if you find points to criticize.

Your officers, like yourselves, want the organization to succeed. They need and wish your advice in order to be of the greatest service.

Respectfully submitted,

WILLIAM P. BEST, *Recording Secretary.*

The first three sheets of the report are condensed from my last year's report, in order to take it back to the 1st of June, that the report of the treasurer may coincide, in as far as collections are concerned.

The three sheets appearing first date back to June 1, 1913.

CASH RECEIPTS FOR THE FISCAL YEAR FROM JUNE 1, 1913, TO JUNE 1, 1914.

McCann—June 1, 1913—McCann, J. D., Monticello, Ind..$2.00—1914, $2.00

Strouse—June 3, 1913.....$36.00
Evans, T. A. E., Everly, G. L., Farabaugh, J. A., Fuller,G. T., Huff, J. P., Johnson, F. L., Meadows, W. W., Mitchell, J. C., Peterson, H. D., Quinn, J. D., Ruble, W. R., Richardson, J. L., Smiley, M. L., Shelton, A. B., Shultz, J. H., Strouse, Lee, Wells, J. M., Slayden, Thomas, moved to W. Va., Robbins, L. F. Eighteen members remitted for.

Hite—June 10, 1913.....$18.00
Harvill, M. M., Allison, J. M., Cummings, I. O., Eaton, R. L., Harvill, J. P., Hite, G. M., Holmes, W. N., McKeel, F. P., Simmons, B. J. Nine members remitted for.

Dean—June 7, 1913—Dean, T. A.....$6.00

Hosman—June 8, 1913.....$6.00
Reeder, J. C., Canfield, M. S., Porter, Geo. C. Three members remitted for.

Waddington—June 9, 1913.....$18.00
Mather, E., Baldwin, Z. L., Bell, V. L., two years due. $4.00; McLachlin, Chas., Nafe, Geo., Sackett, C. S., Waddington, J. E. G., Russ, O. C. Seven members remitted for.

Potter—June 9, 1913.....$8.00
Conover, J. V., Willis, Mary A., Kitchen, G. H., Potter, G. E. Four members remitted for.

Baird—June 10, 1913.....$56.00
Archer, J. A., Artman, B. E., Baird, J., Baird, O. C., Bronson, D. E., Brook, A. C., DeMarr, L. H., Gladman, W. R., Gress, J. C., Hatfield, F. P., Jaques, G. W., Lathorp, P. L., Lawrence, E. K., Meckfessel, G. H., Mallett, I. F., Michner, R. E., Nutter, E. R., Pace, E. C., Packer, E. B., Sanderson, I. E., Shively, S. S., Smith, E. G., Scott, J. E., Shaffer, J., Welsh, C. I., Woodward, J. J., Branson, O. P., Hunt, W. D. Twenty-eight members reported.

Hodge—June 10, 1913—Smith, Leroy A.....$4.00

Ellingwood—June 10, 1913.....$70.00
Bennett, J. P., Bladden, A. D., Brown, M. D., Brown, O. J., Crawford, R. B., Cory, J. H., Ellingwood, F., Farnum, E. J., Houston, H., Hulick, C. H., Hulick, G. O., Koller, C., McCracken, C. B., Mercereau, C. W., Nielson, C., Price, J. R.,

Ried, C. P., Richardson, E., Schroder, B. B., Schussler, W. R., Shoemaker, L., Spindell, E. S., Stedem, F. P., Swalm, J. C., Tallerday, G. C., Trull, J. C., Weaver, D. P., Wood, C. S., Woodard, C., LeBoy, Wm. L. Thirty members reported, five paying for two years each.

Maple—June 13, 1913.....$36.00
Eslick, L. E., Minkler, B. C., Gadd, E. E., Hutchins, H. S., Gibson, W. H., Dunlap, W. W., Horner, J. B., White, J. H., Stine, M. B., McKlveen, J. A., Box, J. C., Price, P. F., Croston, Thos., Yeomans, W. G., Linquist, A. L., Sever, G. F., Maple, W. W., Rice, U. A. Eighteen members reported.

Cook—June 12, 1913.....$46.00
Fowler, L. A., Wiesner, B. J., Westbrook, Geo. W., Harmon, W. R., Tucker, C. A., Blaich, J. E., Berry, J. R., Davidson, A. W., Hamlin, M. M., Helbing, H. H., Harwell, J. L., Smith, J. M. T., Talbot, D. S., Freeman, S. F., Calaway, J. E., Musick, J. B., Price, W. H., Cook, E. F., Smith, W. E., Son, T. A., Aubuchon, W. E., Evans, J. T., Stephens, A. F. Twenty-three members reported.

Robinson—June 14, 1913.....$82.00
Snow, L. L., Campbell, J. N., Smith, N. C., Spradling, R. H., Jester, C. W., Jones, E. L., Cummings, H. B., Weightman, H. W., Protzman, C., Metheney, S., Mills, J. B., Welsh, A. C., Remey, W. N., Wilson, M. L., Wilmeth, F. L., Lee, V. M., Conery, A. F., Howard, I. D., Bennett, J., Mathews, A. L., Grimes, R. S., Bennett, J. L., Bowman, E. J., Housel, E. L., Coleman, A. L., Marvel, P. O., Robinson, A., Shultz, H. H., Palmer, D. S., Asa, O. C., Latta, E. J., Keys, J. M., Deffenbaugh, M. H., Lutgen, C. A., DeOgney, P. A., Charlton, C. E., Smith, Bert A., Marvel, G. H., Meyers, W. A., Wright, F. T., Stewart, J. S. Forty-one members reported.

Baird—June 14, 1913.....$2.00
Machette, G. H.

Respectfully submitted,

Wm. P. Best, *Secretary.*

Dr. Glenn: This report will be referred to the Committee of Delegates. We will now have the report of the Corresponding Secretary, Dr. W. N. Mundy.

Report of the Corresponding Secretary.

Forest, Ohio, June 11, 1914.

To the National Eclectic Medical Association:

Sirs:—In presenting to you my fifth annual report, I have but little to offer, save in a financial way. I have done the best I could for you with the material at hand. The officers and members fail to make use of its pages, forgetting that the Quarterly is the property of the Association and as such is the mouthpiece of the society, and should not air my personal views only. At our last meeting I called your attention to

the fact that those who solicit our patronage absolutely refused to advertise with us. This objection in one instance has been removed and the effort to overcome it has inured to the benefit of all Eclectic journals, more substantially than to the QUARTERLY.

You should remember the QUARTERLY is yours. Give it your best efforts and wishes. Boost it, please.

I append my financial report.

RECEIPTS.

1913.		
Sept. 1—J. K. Scudder, net advertising	$ 119.75	
Sept. 6—Subscriptiors from Sharp, draft No. 647	275.00	
Oct. 20—J. Gordon Bennett, dues	2.00	
Oct. 23—D. E. Saxton, Tampa, Fla., membership	2.00	
Oct. 24—R. C. Heflebower, reprints	5.20	
Nov. 3—J. Q. Moxley, Lewiston, Idaho, membership	2.00	
Nov. 5—G. M. Aylesworth, Ottawa, membership	2.00	
Nov. 8—D. W. Adams, Panama City, membership	2.00	
Nov. 14—A. J. McCoy, Forest, Cal., subscription	1.00	
Nov. 2?—Subscription from Sharp, draft No. 764	275.00	
Nov. 29—L. C. P. Massicotte, Keene, N. H., dues	2.00	
Dec. 4—J. K. Scudder, net advertising	93.86	
Dec. 5—J. A. Monroe, Wheeling, W. Va., dues	4.00	
Dec. 24—Allen Bush, Morgantown, W. Va., dues	2.00	
1914.		
Jan. 2—W. A. Wyman, Cheyenne, Wyo., dues	4.00	
Feb. 18—W. T. Shrout, subscription	1.00	
Feb. 23—H. H. Miller, dues	2.00	
Feb. 23—W. B. Seldon, dues	2.00	
Feb. 23—J. K. Scudder, net advertising	104.74	
Feb. 26—W. G. Rickard, subscription	2.00	
Feb. 26—Pauline M. Beucler, subscription	1.00	
Mar. 11—Theo. D. Adlerman, reprints	3.00	
Mar. 13—Subscriptions from Sharp	275.00	
Mar. 16—A. E. Snow, dues	2.00	
Mar. 19—F. T. Haught, dues	2.00	
Mar. 23—Turner, Pomona, Cal., dues	2.00	
Mar. 28—J. E. Locke, subscription	2.00	
Apr. 14—J. E. Waldron, Naugatuck, W. Va., dues	2.00	
May 15—Subscription from Sharp	275.00	
May 18—J. R. Borland, dues	2.00	
June 8—J. K. Scudder, net advertising	80.61	
Total amount		$1,550.16

DISBURSEMENTS.

1913.	
Sept. 1—Quarterly salary	$ 75.00
Sept. 6—Lancet-Clinic, Quarterly	234.00
Sept. 6—Lancet-Clinic, job work	7.50
Oct. 20—Wm. P. Best, for J. Gorden Bennett	2.00
Oct. 23—Wm. P. Best, for D. E. Saxton	2.00
Nov. 3—Wm. P. Best, for J. Q. Moxley	2.00

1913.

Nov. 5—Wm. P. Best, for G. M. Aylesworth	2.00	
Nov. 8—Emerson W. Price, for supplies	1.58	
Nov. 8—Wm. P. Best, for D. M. Adams	2.00	
Nov. 29—Lancet-Clinic, for Quarterly	274.59	
Nov. 29—Lancet-Clinic, job work	3.75	
Dec. 1—Wm. P. Best, for L. C. P. Massicotte	2.00	
Dec. 5—Wm. P. Best, for J. A. Monroe	4.00	
Dec. 11—W. N. Mundy, salary	75.00	
Dec. 24—Wm. P. Best, for Allen Bush	2.00	
1914.		
Jan. 2—Wm. P. Best, for Wyman	4.00	
Jan. 2—Stenographer	100.00	
Feb. 4—Emerson W. Price, supplies	4.31	
Feb. 23—Wm. P. Best, for H. H. Miller & Seldon	4.00	
Feb. 27—Wm. P. Best, for Rickard	2.00	
Mar. 6—Lancet-Clinic Pub. Co., for Quarterly	244.79	
Mar. 6—Lancet-Clinic Pub. Co., for job work	43.35	
Mar. 16—Wm. P. Best, for Snow	2.00	
Mar. 17—W. N. Mundy, salary	75.00	
Apr. 14—Wm. P. Best, for Waldron	2.00	
Mar. 19—Wm. P. Best, for Haught	2.00	
Mar. 23—Wm. P. Best, for Turner	2.00	
June 10—Lancet-Clinic Pub. Co., for Quarterly	208.35	
June 10—W. N. Mundy, salary	75.00	
Total amount		$1,459.13

RECAPITULATION—RECEIPTS.

Subscriptions from Treasurer Sharp	$1,100.00	
Advertising, net	398.96	
Subscription and dues	43.00	
Reprints	8.20	
Total amount		$1,550.16

EXPENDITURES.

For Quarterly	$ 940.54	
Job work	54.60	
Reprints	22.13	
Dr. Best, for dues	36.00	
Salary	300.00	
Stenographer, postage and supplies	105.89	
Total amount		$1,459.13
Balance due treasurer		$ 91.03

For comparison, I append the cost of Quarterly for the past years.

Vol. 1, 1910, 1,300 copies, 312 pages	$ 938.17
Vol. 2, 1911, 1,300 copies, 368 pages	1,214.08
Vol. 3, 1912, 1,500 copies, 358 pages	1,394.69
Vol. 4, 1913, 1,500 copies, 400 pages	1,413.70
Vol. 5, 1914, 1,600 copies, 386 pages	1,362.64

E. G. SHARP, M.D.

GUTHRIE, OKLAHOMA.

Elected Eight Times as Treasurer of the National Eclectic Medical Association.

We send out each quarter 125 sample copies and about 75 exchanges and advertisers. The cost of each volume has increased from $0.69 plus to $0.85 each. This can be accounted for by its gradually increasing size, number and the cost of illustrations.

The advertising received, as follows:

1909-10	$238.00	1912-13	$413.60
1910-11	438.11	1913-14	398.96
1911-12	439.66		

Respectfully submitted,

W. N. MUNDY, *Corresponding Secretary.*

DR. GLENN: This report will be referred to the Committee of Delegates, and later acted upon by the Auditing Committee.

We will now hear the report of the Treasurer, Dr. E. G. Sharp.

TREASURER'S REPORT FOR YEAR ENDING JUNE 1, 1914.

RECEIPTS.

1913.		
June 1—By balance (cash on hand)	$2,018.16	
June 23—By rebate on Quarterly	272.84	
1914.		
June 1—By yearly dues collected	1,901.00	
Total cash received		$4,192.00

DISBURSEMENTS.

1913.	
June 4—Warrant No. 239, W. N. Mundy, June Quarterly	$ 275.00
June 21—Warrant No. 240, W. N. Mundy, expense N. E. M. A.	75.00
June 21—Warrant No. 241, F. L. Wilmeth, postage, etc.	30.00
June 21—Warrant No. 242, postage, expense to Nat'l.	56.75
June 21—Warrant No. 243, Mrs. Bennett Harolson, Stenographer's report	75.00
June 21—Warrant No. 244, W. P. Best, salary, expense, etc.	390.50
June 30—Warrant No. 245, W. N. Mundy, National Organization, 1912	250.00
Aug. 4—Warrant No. 246, W. P. Best, expenses and supplies	146.91
Sept. 4—Warrant No. 247, W. N. Mundy, September Quarterly	275.00
Oct. 22—Warrant No. 248, Alfred Adler, Treasurer's Bond	10.50
Nov. 20—Warrant No. 249, W. N. Mundy, December Quarterly	275.00
Mar. 10—Warrant No. 250, W. N. Mundy, March Quarterly	275.00

1913.		
May 12—Warrant No. 251, W. N. Mundy, June Quarterly	275.00	
May 29—Warrant No. 252, J. K. Scudder, Badges	75.90	
Total	$2,485,56	
1914.		
June 1—By balance (cash on hand)	$1,706.44	
		$4,192.00

Respectfuly submitted,
E. G. SHARP, *Treasurer.*

DR. GLENN: This report will also be referred to the Committee of Delegates and later to the Auditing Committee.

We will now have the report of the chairman of the Committee on Organization, Dr. Mundy.

REPORT OF THE COMMITTEE ON ORGANIZATION.

The yearly report must of necessity be but a resume of the work attempted during the past year and a brief survey of what is being attempted and accomplished by others.

During the past year I have written between seven and eight thousand letters covering nearly every phase of our work, which includes solicitations for membership, renewals of membership, warnings on prospective legislation, furnishing State secretaries with card indexes of the Eclectics in their State and a comparison with them of such lists, advising them of removals into their State, etc. The task is big and it seems next to an impossibility to secure and maintain any accurate data as to our numbers. Frequent removals, indifference in replying to inquiries and a hundred things occur to render such a hopeless task. It is claimed that success is the reward of perseverance. We trust it is, but it seems wellnigh hopeless to make those who should affiliate with us see the necessity of organization. This is our greatest need and we must use every legitimate effort to perfect our organization and make it a working force. Resolutions accomplish nothing unless backed by individual effort.

Legislation of every description is being pushed. All has for its ultimate object the regulation of the physician who has equipped himself, whilst the quack, the advertiser and drugless healers, many of whom have pursued only correspondence courses, are exempt from its provisions. These exemptions from the regulations of our medical practice acts, I feel, abrogate these measures. I am not an attorney, but I have frequently heard it reiterated that class legislation is unconstitutional; if this be so, I can not conceive how one branch of the profession should be compelled to comply with certain conditions from which others are exempt. The drugless healers, faith curists, etc., are beseiging our legislative halls and securing exemptions from the provisions of the various medical acts of the several States. Do not these exemptions invalidate the entire statute? Can

a law be made for one man that does not equally bind another? If so, it is class legislation of the most dangerous type.

The Osteopaths have separate boards in twenty-two or twenty-three States and representatives upon others by legal enactment. They are exempted also from many of the provisions of the law, especially those due to preliminary requirements. How did they acquire their exemption? Not only in this direction, but in another direction legilsation is being pushed which vitally interests all physicians. The anti-narcotic laws, whilst seemingly having a legitimate and benevolent purpose, have concealed behind them ulterior motives and menace the physician in the pursuit of his work. The Harrison bill, seemingly innocent, but as amended by Senator Nelson is mischievous and renders a physician amenable who administers a narcotic to a suffering patient. In Ohio, ex-boilermakers are privileged to inspect a physician's office at will, and if he should happen to have more than a stipulated amount of any of the narcotics he may be haled before a magistrate and fined. The intent of the laws are good, but behind their enactment an ulterior motive exists, to compel all physicians to prescribe, not dispense, their own medicines. To this I would have no objection, where it is always possible to do so and do justice to myself and patient. In Nevada it is illegal to prescribe sufficient chloral or morphia to quiet the ravings of a case of delirium tremens or even to administer a drug hypodermically. Possibly you are all aware of these things, if so, why do you not arouse yourselves and attempt to see that your interests and privileges are not interfered with by this wild and reckless craze for legislation to make all men angels. Would-be reformers have become saturated with the desire to reform men by legislation and are so imbued with their one idea that legislation is enacted that works a hardship upon the industrious and law-abiding citizen.

I will refrain from saying what I think of the modern legislator and his mental and moral worth. It is to offset these conditions that we must perfect our organization and ask your co-operation. In other words, do something.

Another thing to which I wish to call your attention, but which I am personally tired of hearing, is the political activity of the Council of Education of the A. M. A. and the contemptible means employed by them to injure us. In the Journal of the A. M. A. for May 23, they infer that graduates of our colleges are not permitted to enter several States in which advanced preliminary requirements are required. In the instance of one college mentioned, I positively know the statement to be false, as our graduates, provided they have fulfilled the laws of the State relative to preliminary study, are admitted to examination without question.

The innuendo is misleading and is made so purposely, and is another illustration of the methods pursued by these men to further their ends. Were they honest in their efforts and acts, we would not have so much reason to complain, but they practice and do what they condemn others

for doing. In their own columns we now learn that the school which they have held up as a model university college and is in class A+ has had only a quasi affiliation with the university with which it claimed such a relation, and is now seeking a new affiliation. Moreover, this same school has been guilty of offering the advance year in physics and chemistry as a correspondence course. It is well to watch the fellow that is continually and eternally yelling "Stop thief."

They control many of our State examining boards body and soul and make their rulings for them. They accomplish these acts by a close organization. We are not strong enough to do what they are doing, but if we would organize more closely, conserve our strength and not fritter it away in all directions, we could at least forestall many of the measures they seek to enact. The present medical practice acts as now enforced and controlled by a coterie of five or six men whose own doings are not above suspicion are socialistic and paternalistic to a dangerous degree.

It is not without a certain amount of pleasure I refer to interviews and addresses appearing in our public press relating to our educational system. It simply emphasizes facts to which I called your attention in Louisville and elsewhere. I refer to the danger arising from the Carnegie Foundation and similar fortunes. In the Indianapolis News of April 3, Governor Ferris of Michigan voices the dangers arising from money to education and repeats the warnings arising from the standardization of schools from a monetary standard. S. P. Kramer, in a public address in Cincinnati, in May, reiterated these same sentiments, as did also President Ellis, of Athens, Ohio. The danger is made more real when the president of the Carnegie Foundation boldly makes the boast that they have the means at their command to make their threats good, or, in other words, to accomplish their object. It is a real and not a fancied danger that confronts not only medical colleges, but literary institutions as well. Dr. Nicholas Murray Butler says: "Not in the number of its students, nor in the wealth of its endowments, nor in the magnificance of its physical equipment does the test of a university's efficiency lie, but in the productive scholarship of the university's teachers and in the quality of the men and women who go out with the stamp of the university's approval upon them. Colleges are made by the individual strength of the men that come from them. Character and culture, the largest assets in education, come just as conspicuously from the small colleges as from the great and rich universities.

The continuous lengthening of the medical course has even appalled its first votaries, and they are seeking some means to abridge the time. The eight years in the grades, four-year high school course, two years pre-medical, four years medical and now one year interneship, has hastened the call for retrenchment. Even the warmest advocates of high standards are looking for relief. Harvard College has lessened the time by exacting two years collegiate training in lieu of a degree. Personally,

we believe it is coming and in a way we none desire. The continuous knocking at the doors of legislatures by those seeking exemption will ultimately result in a toppling over of the entire fabric and we will find ourselves where we were twenty-five or thirty years ago. A condition none of us desire.

I plead for a standardization of the college by the State, as I did a quarter of a century ago. The diploma from such to be *prima facie* evidence of one's ability to practice medicine, anywhere and everywhere. The abolishment of all examining boards, who are simply tools in the hands of the Council of Education of the A. M. A., and who seek to outdo each other in their requirements, and unfortunately who are not always above suspicion as to their selfish motives in building walls about their own States. I have always found that an upright, honorable physician, no matter what his school, is respected by all, save only the few political leaders "who have an ax to grind."

To offset these things organization and concerted effort is needed. If we will only concentrate our efforts we will come "unto our own." A reaction is coming and we should be in a position to take advantage of it, and until such time comes be honest with ourselves, our patrons, and loyal to our principles. Not only do I plead for this, but I plead for retrenchment in time. With the standard that now exists the ambitious pupil with initiative and ability is placed upon a par with the average or even mediocre student. The hard and fast time limit or standardization by counts or units, which are measured by hours, is pedagogically wrong and unfair to the young man willing and anxious to work. To this I have frequently called attention. It is the view held by many of our foremost educators. To remedy it, however, it seems it will be necessary to commence in the graded school. Demand the knowledge, but do away with the compulsory time limit.

Since writing my report, an editorial appeared in the Lancet-Clinic of June 6, 1914, page 649, which for vicious misrepresentation can not be equaled. I do not know, nor do I care, who the author may be—he not only wilfully misrepresents, but he even misquotes the journal from which he abstracts for the purpose of wilfully injuring Eclectic colleges. The writer classifies as Eclectic colleges three class C Allopathic colleges and makes a statement regarding the recognition of Eclectic colleges which is a barefaced falsehood. This can not be an oversight, but is a malicious misrepresentation, done for a sinister purpose, and yet this is done by men claiming to be educated, ethical and honorable. The methods of these self-righteous, egotistical, political doctors surpass the self-righteousness even of the Pharisees. How men can stoop to these methods and still claim even a modicum of honesty is beyond my understanding.

My financial exhibit is attached hereto.

EXPENSES FOR ORGANIZATION.

March 16, Postoffice Department, for envelopes	$ 44.00
May 2, Emerson W. Price Co., supplies	.81
June 1, Postage and Stenographer	168.06
Total amount	$212.87

Respectfully submitted,

W. N. MUNDY, *Chairman.*

DR. GLENN: This report will be referred to the Committee of Delegates.

REPORTS OF STANDING COMMITTEES.

Committee on Press and Publication—No report.

Committee on Necrology and History—No report.

At this time Dr. Best made some announcements regarding the exhibits, commitee rooms, etc.

The president appointed the following committees:

Grievance Committee—Dr. T. D. Adlerman, Dr. J. H. Hauck, Dr. C. W. Hemminger.

Auditing Committee—Dr. F. L. Hosman, Dr. W. T. Gemmill, Dr. F. E. Hufnail.

Committee on Credentials—Dr. W. N. Ramey, Dr J. P. Harvill, Dr. Morse Harrod.

DR. T. D. ADLERMAN: I move that the president's address be made a special order of business for two o'clock this afternoon. (Seconded and carried.)

DR. R. L. THOMAS: The Committe on Conference with Homeopaths would like to make a report at this time. I think possibly this is one of the most important committees, but the only report I have to make is that the committee was to meet in February, and at that time you will remember we had a snowstorm that blocked all the railroads. The members of the committee from Cincinnati got into Chicago a day late and found that some of the other members had started but had been obliged to turn back, so that, while he had no regular committee meeting, we did have a conference with some of the leading Homeopaths that were in session there, but not anything on which to make a legal report. I simply call your attention to it at this time, in order that this committee—not necessarily the members—but the committee itself, may be continued, for I believe that a conference between the two schools will be one of the important features toward assisting with some of the legislation that is constantly going on. I hope the committee will be continued as a standing committee.

DR. GLENN: If this is a standing committee, it continues until it is changed.

DR. W. N. MUNDY: The Committee on Emblem reports that we have adopted a button practically the same as that recommended at Louisville,

and it will be sold to the members for $1.00. It is a permanent emblem. The buttons are with the Committee on Registration, and when you register you can secure one, or you can get one from me at any time.

Adjournment until two o'clock.

Tuesday Afternoon Session.

Convention called to order by the president, Dr. Glenn, Dr. Rosa B. Gates taking the chair that Dr. Glenn might deliver the president's address. The president delivered his address (printed in this number), which was referred to the Committee of Delegates.

BUSINESS SESSION.

Dr. Best: I have in my hand a letter from Dr. A. P. Hauss, of New Albany, who has been a member of the State and National societies for a number of years. Dr. Hauss suffered a cerebral hemorrhage recently and has been paralyzed, and in sending a contribution to the program he asks that he be put on the list of exempted members, as he can not take an active part, but yet wishes to retain his membership. I would move that Dr. Hauss' request be granted. (Motion seconded.)

Dr. E. G. Sharp: Is not that a matter of consideration by the State Society before coming to this body? Are we not assuming a prerogative of the State Society? If I remember correctly, our constitution requires the approval of the State Society. If the State Society recommends that a member be exempt, he is exempt on the payment of $1.00, but in order to be retained on the list he must pay a subscription to the Quarterly.

Dr. J. D. McCann: That communication did not come in time to be acted on by our State Society yesterday, but the members of the Indiana Society are anxious that this should be acted on here in order to acquiesce with the doctor's wishes.

Dr. R. J. Lambert: I would like to amend that motion, that this matter be referred to the Committee of Delegates to be brought back to this body.

Dr. Glenn: The matter will be submitted to the Committee of Delegates without further action. If there is no further businesss the section on the Practice of Medicine will open.

PRACTICE.

President—E. J. Latta, M.D., Kenesaw, Neb.

Vice-President—R. J. Lambert, M.D., St. Charles, Ill.

Secretary—B W. Mercer, M.D., Tiffin, Ohio.

Dr. R. J. Lambert in the chair.

Dr. Lambert: In opening this section I will call the attention of the members to the fact that our Constitution and By-Laws allow fifteen minutes for the reading of each paper, three minutes for each discussion, with a total of a half hour for each paper. I will hold strictly to that schedule unless it is the wish of the house to have discussion extended longer.

Some Small Things That Go to Make Success in Practice....W. E. Daniels, M.D., Madison, S. D.
Diet as a Factor in the Etiology of Disease.....J. C. Mitchell, M.D., Louisville, Ky.
Varicella in Adults.....Wm. P. Best, M.D., Indianapolis, Ind.
Hemophilia.....M. S. Canfield, M.D., Frankfort, Ind.
Cerebro-Spinal Meningitis.....Geo. C. Porter, M.D., Linton, Ind.
A More Definite Pathology.....Chas. Woodward, M.D., Chicago, Ill.
Phlebitis.....J. D. McCann, M.D., Monticello, Ind.
Pneumonia.....W. B. Church, M.D., Gary, Ind.

Section on Practice rises.

Adjourned on motion until Wednesday morning.

WEDNESDAY MORNING SESSION.

Convention called to order at 9:30 by the president, Dr. Glenn.

Reports of the House of Delegates, Dr. T. D. Adlerman in the chair.

Report of Committee on Corresponding Secretary's Report, Dr. Harrod, chairman.

We, your committee appointed to examine the report of the corresponding secretary, beg to say the report is correct and we recommend its adoption.

M. HARROD,
J. P. HARVILL,
WM. G. CHOATE,
Committee.

Moved and carried that the report be adopted.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

Dr. Scudder, chairman.

Your committee suggests a careful reading of President Glenn's excellent address when published in the QUARTERLY, and particularly calls attention to his strong stand in urging and putting forward of our name *Eclectic* and our valuable *materia medica.*

We commend his strong appeal for additional students in our colleges so that we may have sufficient new graduates to maintain our present numbers, although we need many more for numerous excellent locations.

We commend his appeal for more publicity of our school of practice.

(Signed) J. K. SCUDDER.

Moved and carried that the report be adopted.

REPORT OF AUDITING COMMITTEE ON TREASURER'S REPORT.

Dr. Hufnail, chairman.

The Auditing Committee finds the books and accounts of the treasurer of the National Eclectic Medical Society correct as read, and recommends its adoption as read and reported.

L. E. HUFNAIL,
B. J. WIESNER,
W. T. GEMMILL,
Committee.

Moved and carried that the report be adopted.

Dr. E. G. Sharpe: I have a report to make, and it is a matter that probably should have been brought before this body before being referred to the Committee of Delegates. However, the Committee of Delegates made the recommendation and you can accept or reject it. It refers to a bill of Dr. Geo. W. Thompson, of New York, who was our president two years ago. It seems that at the meeting previous to the joint meeting of the Eclectics and Homeopaths in Chicago, we authorized the appointment of delegates, the previous president appointing the delegates. There were five delegates, Dr. Thompson among the number. Dr. Thompson did not present a bill last year, nor did any other delegate, but this year we received from Dr. Boskowitz a communication enclosing a bill from Dr. Thompson for $60.95 for his expenses to Chicago. This was presented to the Committee of Delegates, and they have referred it back to this body, saying that as no specific provision was made for the purpose of paying that committee's expenses, and as no other delegates presented a bill, that they recommend that payment be respectfully declined. This was the action of the Committee of Delegates, subject to the action of this body.

Moved and carried that the report be accepted.

Dr. Glenn: Some time during the last summer the National Association of Pharmacists and Chemists had a meeting in Boston and invited the president of this Association, the president of the A. M. A., and quite a number of others to attend their meeting. I could not attend in person, so appointed Dr. Pitts Edwin Howes to represent this Association, and I have his report here which I will refer to the Committee of Delegates.

Boston, Mass., June 8, 1914.

W. S. Glenn, M.D.,

President National Eclectic Medical Association,
State College, Pa.

My dear Doctor:—Having attended the convention of the American Association of Pharmaceutical Chemists, held in Boston, Mass., May 25-30, 1914, in accord with your request, I hereby present my report to you and through you to the National Eclectic Medical Association.

The fraternal delegates, including myself, were received at the open meeting on Tuesday morning, May 26, at ten o'clock. We were accorded a most hearty welcome and given an opportunity to address the convention on any subject that we desired. My topic was the "Dispensing Physician," which was well received.

At the banquet on the evening of the same day, which was a very fine affair, the "fraternal delegates" were also the recipients of many courtesies and without doubt they will long remember that occasion with much pleasure.

It was my good fortune to attend all the open meetings of the association, to hear the various reports, to listen to the papers read and to the discussions of them all. They impressed upon my mind most fully the complete unanimity with which all members of the association were actuated and their desire to live up to their creed as expressed in the By-Laws of the association.

Possibly I can not do better than quote from that statement to enable you to understand the high ground which this association has adopted for its government:

"We stand for all laws that are just and right, and do not infringe upon the just and ethical rights of any class.

"We do not believe in laws framed for any special class, trade or profession.

"We believe that the medical profession should be allowed to treat its patients either by dispensing or prescription writing, as in their own judgment seems most fit, and that there should be no undue or burdensome curtailment of this right.

"We believe that the medical profession is entitled to the very best medicine that science and skill can produce, and we are using every effort within our power to aid our members in the achievement of the production of products of the above character.

"We will not knowingly stand for or countenance anything that has the least appearance of fraud or deceit, and will not put our stamp of approval upon anything that is not ethically and morally right.

"We make our bid for preference and approval of the medical profession solely upon the excellence of the products that we produce and the ethical treatment which we accord the members of that profession.

"With the above 'Confession of Faith' as our motto of business procedure, we are willing to leave our case in the hands of a jury composed of the medical profession of this country."

Every session was characterized by earnestness and the desire to make improvement where such action was possible.

One of the enjoyable features of the convention was the reading of a poem by the chairman of the Entertainment Committee, Mr. Frank L. H. Nason, of Boston. Through the courtesy of the official stenographer I am enabled to reproduce it for your pleasure.

EL DORADO.

There is a land of pure delight,
  Remote from vulgar storms,
Where people stay up day and night,
  Inventing new reforms.

The natives have no feet or hands,
  They all have run to jaws;
Because their blessed isle demands
  No other thing than laws.

They nothing do but legislate
And frame new laws each day,
And no one has to pay the freight—
There is no freight to pay.

There talksmiths aye are in the van,
And lawyers are in swarms,
And he is held the greatest man
Who springs the most reforms.

There no one plows and no one saws
Or wields the toiler's traps,
Because they all are making laws
To govern t'other chaps.

No smoke from factory or mill
Is seen upon the breeze;
Reformers come along and kill
Such industries as these.

If any fellow strains and racks
His form to gain a roll,
They hit him with the income tax,
And put him in the hole.

"You have," they say, "no earthly right
To money you have earned,
And to lawyers, foolish wight,
It all must be returned.

"For what you call prosperity,
We don't care seven straws;
There's always sin where such things be
And all we need is laws."

And so beneath their uplift flags
They argue, rant and rail;
One-half the population drags
The other half to jail. —Walt Mason.

The method by which the association looks after all its business when not in session is, to my mind, worthy of adopting, and I would recommend its careful consideration to the members of the National Eclectic Medical Association during this session.

An executive committee is appointed, consisting of the elective officers and five members of the association. To them everything that has refer-

ence to the association, including the program of the next annual convention, is referred, and if the convention just held in Boston is a sample of the work usually attained by such a method it is surely an ideal one and worthy of adoption by all conventions and associations who wish to get the most good and enthusiasm for their cause out of its gatherings.

All of which is most respectfully submitted for your consideration.

PITTS EDWIN HOWES, M.D.,

Delegate by the President's Appointment to the Convention of the American Association of Pharmaceutical Chemists, held at Boston, Mass., May 25-30, 1914.

ROUND TABLE, CONDUCTED BY FINLEY ELLINGWOOD, CHICAGO, ILL.

Section on Practice resumed.

Exophthalmic Goiter Results Obtained Through the Cerebral Centers. Zell L. Baldwin, M.D., Kalamazoo, Mich.

If there is no other business before the Association, I will introduce Dr. John Uri Lloyd, who will read a paper. (Printed elsewhere in this issue.)

Section on Practice closed.

At this time Dr. Best read a telegram from the members of the California Association, inviting the Association to meet in San Francisco in 1915, which was referred to the House of Delegates; also an invitation to visit the Eli Lilly plant.

DR. GLENN: We will now take up the Section on Surgery, Dr. E. B. Shewman, chairman.

The Doubtful Line.....F. L. Wilmeth, M.D., Lincoln, Neb.

Spina Bifida and Hydrocephalus....R. J. Lambert, M.D., St. Charles, Ill.

Surgical Diagnosis and Treatment of Typhoid Perforations....J. Stewart Hagan, M.D., Cincinnati, Ohio.

Adjourned until 2:00 P. M.

WEDNESDAY AFTERNOON SESSION.

Convention called to order by the president, the only business being two resolution offered by Dr. Lambert, which were referred to the House of Delegates.

SECTION ON OBSTETRICS.

Dr. J. R. Spencer, of Cincinnati, presiding.

Vomiting During Pregnancy.....Dr. Thomas Bowles, Harrison, Ohio.

Asepsis and Conduct of Labor.....W. F. Smith, M.D., Huntington, Ind.

Two Years Obstetrical Experience in General Practice....R. J. Lambert, M.D., St. Charles, Ill.

The Nervous System in Pregnant Women.....C. A. Tindall, M.D., Shelbyville, Ind.

Adjourned until Thursday morning.

THURSDAY MORNING SESSION.

Convention called to order by the president.

DR. GLENN: Is there any business before the convention?

DR. FRANK WEBB: I think, in justice to our old wheel-horse, Dr. Munn, who is eighty-six years old, the Association should send him a telegram of greeting. If a resolution is in order, I move that the National Eclectic Medical Association send greetings to Dr. S. B. Munn, of Waterbury, Conn., and to Dr. Stratford, of Chicago, the only two surviving charter members of our Association. (Referred to the Committee of Delegates.)

DR. GLENN: If there is no other business, the section on Materia Medica will convene, Dr. Webb to take charge.

SECTION ON MATERIA MEDICA.

Dr. Frank Webb presiding.

Xanthoxylum Fraxineum.....S. B. Munn, Waterbury, Conn.
Progress in Drug Study.....Finley Ellingwood, M.D., Chicago, Ill.
Cascara Amarga.....T. S. Turner, M.D., Lebanon, Ind.
Specific Medicine Pulsatilla.....Frank Webb, M.D., Bridgeport, Conn.

Section closed.

DR. GLENN: We will now pass to the Section on Mental and Nervous Diseases, Dr. Adlerman, chairman.

SECTION ON MENTAL AND NERVOUS DISEASES.

Dr. Theo. D. Adlerman presiding.

The National Calamity—Insanity Consuming the United States' Population. Dr. Theo. D. Adlerman, Brooklyn, N. Y.

Adjourned until 2:00 P. M.

THURSDAY AFTERNOON SESSION.

Section called to order by Chairman Theo. D. Adlerman, M.D.

Chorea.....W. E. Postle, Columbus, Ohio.
The Physician as a Teacher of the Public...Edith Lowry Lambert, M.D., St. Charles, Ill.
Oh, the Shame of It!.....Wm. E. Kinnett, M.D., Peoria, Ill.
Paresis.....Theo. D. Adlerman, M.D., Brooklyn, N. Y.

Section rises.

SECTION ON PUBLIC HEALTH.

Theo. D. Adlerman, M.D., presiding.

What Constitutes a Sufficient Quarantine.....F. L. Hosman, M.D., Indianapolis, Ind.
The Future.....M. S. Canfield, M.D., Frankfort, Ind.
Personal Experiences with Tropical Diseases.....E. W. Smith, M.D., Terre Haute, Ind.
Life.....J. H. Hauck, M.D., Terre Haute, Ind.

Section closed.

SECTION ON GYNECOLOGY.

F. L. Wilmeth, M.D., Lincoln, Neb., presiding.

Adeno-Carcinoma of the Cervix Uteri..W. N. Ramey, M.D., Lincoln, Neb.

Natural Methods in Gynecology.....M. A. Carriker, M.D., Nebraska City, Neb.

Surgical Treatment of Ovaries and Tubes.....F. E. Hufnail, M.D., Minneapolis, Minn.

Metritis.....Wesley Van Nettle, M.D., Clyde, Ohio.

Intra-Uterine Injections.....Chas. Woodward, M.D., Chicago, Ill.

Sterility.....John D. Estell, M.D., Cincinnati, Ohio.

Section closed. Adjourned until Friday morning at 9:00 A. M.

FRIDAY MORNING SESSION.

Convention called to order by President Glenn, the first order being the reports of the Committee of Delegates.

DR. FRANK WEBB: I have a resolution I would like to offer: *"Be it Resolved,* That the National Eclectic Medical Association send greetings to Dr. S. B. Munn, of Waterbury, Conn., and Dr. H. K. Stratford, of Chicago, the only two surviving charter members, and who have been presidents of the aforesaid Association. These telegrams to be sent at my expense."

Moved and carried that this resolution be adopted, with the amendment that the words "in convention assembled" be inserted after the word "Association."

REPORT OF DR. FINLEY ELLINGWOOD ON ORGANIZATION.

To the National Eclectic Medical Association in Session at Indianapolis, June 19, 1914:

In submitting a report on the matter of organization as incorporated in the report of our recording secretary, we heartily commend and approve the suggestions he has made as to organization of the State societies.

We deplore the existing conditions which permit class legislation to so great an extent in the profession.

We vigorously protest against the course which has been adopted by certain self-constituted authorities, which, through prejudice and for personal ends, unjustly discriminates against, excludes and ignores the work done and the suggestions made by the Eclectic School of Medicine and constantly disparages their methods and their character and the standing and qualifications of their colleges.

We condemn the placing of power in the hands of a few individuals or of universities for the purpose of dictation and domination.

We suggest that a committee of three be carefully selected to watch closely each of these influences for the coming years and to take such course from time to time as is necessary to subvert such measures and conserve the interests of our societies and our cause.

It is the sense of this committee that the secretaries of the respective

State societies be asked by the national secretary to appoint competent persons in his State to urge by letter or personal visitation any delinquents and non-members; to at once interest themselves in organization and to become a corporate working part of the whole, and to materially co-operate and assist by their influence and presence and participation in meetings and by their friendly suggestions as to methods in consolidation and perfecting our organization.

FINLEY ELLINGWOOD,
L. E. HUFNAIL,
FRANK WEBB,
Committee.

Moved and carried that the above report be adopted.

Report read by Dr. Harvill on Report of Recording Secretary.

We, your Committee on Report of Recording Secretary, beg to commend said report for your approval.

It is clear to us that in this report your recording secretary is apprehensive not only as to the present method of arrangement of our program, but also as to the insufficiency of our present methods of arousing interest in our annual meeting. As to a better plan of arranging a program, we have nothing better to offer.

For a greater attendance one year hence, we recommend that this Association designate the next session as "The One Thousand Delegate Meeting," and that each member of the Association begin work at once in order that this may be the greatest meeting since the St. Louis Exposition.

We recommend that the younger element be especially urged to attend this meeting.

W. T. GEMMILL,
J. P. HARVILL,
W. N. RAMEY,
Committee.

Moved and carried that the report be adopted.

Report read by Dr. Wilmeth on communication from Dr. Stephens:

We, the Committee on Dr. Stephens' Address, approve the within discussion and recommend a general protest to the introduction of such laws or methods of management of our schools and colleges.

F. L. WILMETH,
E. G. SHARP,
J. PAUL HARVILL,
Committee.

Moved and carried that the report be adopted.

Report on Prof. Lloyd's address, read by Dr. Scudder:

We heartily commend the able address of Prof. Lloyd, and wish to particularly emphasize his call for more publicity for our school of medicine.

We recommend that the next president be instructed to appoint a special committee of three to suggest and propose ethical methods of publicity for our school and the issuing of pamphlets written for both the laity and the profession.

J. K. Scudder,
F. L. Wilmeth,
Finley Ellingwood,
E. G. Sharp,
M. E. Daniel,
Committee.

Moved and carried that the report be adopted.

Report of Committee on Credentials.

The Committee on Credentials have considered the names that have been posted the last two or three days and report favorably on same.

Dr. Harvill,
Dr. Harrod,
Dr. Ramey,
Committee.

CREDENTIAL COMMITTEE.

NEW APPLICATIONS FOR MEMBERSHIP.

ARKANSAS.

Wm. M. Allison, Quitman.
J. D. Cook, Edgmont.
A. J. Childress, Athens.
Jas. L. Gilday, 917 Centre St., Little Rock.
W. H. Moreland, Jonesboro.
C. H. Parks, Hardy.
Allen C. Prichard, 15th & Main Sts., Little Rock.

FLORIDA.

Daniel M. Adams, Panama City.
H. S. Hampton, Tampa.
D. E. Saxton, Tampa.

GEORGIA.

A. Fleming, Waycross.
C. R. Groover, Augusta.
J. C. Gilstrap, Suanee.
J. H. Goss, Jr., Decatur.
G. W. Ragsdale, Stilesboro.
D. H. Parliment, Covington.

IOWA.

J. M. McDonald, Creston.
A. L. Peacock, Grimes.
C. O. Seamon, Des Moines.
C. L. Wright, Des Moines.

INDIANA

J. B. Bowers, Fort Wayne.
E. W. Smith, Terre Haute.
H. L. Hamilton, Newberry.

IDAHO.

J. Q. Moxley, Lewiston.

KANSAS.

H. O. Burlingame, Yates Center.

KENTUCKY.

Frank E. Locke, 724 Monmouth St., Newport.
G. W. McGinnis, Hoods.

MICHIGAN.

E. E. Brunson, Ganges.
J. J. Brownson, Kingsley.

MASSACHUSETTS.

Roy J. Boynton, 15 Union St., South Farmington.
V. A. Ellsworth, 41 Waltham St., Boston.
Michael Chirurg, 419 Boylston St., Boston.
Jos. A. Smith, 476 Main St., Worcester.

MISSOURI.

D. T. Polk, Excelsior Springs.
M. A. Verbeck, 1315 Vandevater St., St. Louis.

NEBRASKA.

J. H. Atha, Germantown.
Rae Buchanan, Lincoln.
G. E. Charlton, Ingleside.
C. P. Charlton, Bennett.
H. H. Johnson, Winnebago.
Agnes Jones, Greenwood.
Ansen S. Lutgen, Wayne.
C. M. Moore, Scotts Bluff.
J. O. Nystrum, Omaha.
Madge Potts, Lincoln.
C. L. Sturdivant, Atkinson.
Ward W. Hedlung, 3012 Q St., Lincoln.
F. F. Wright, Ceresco.

NEW YORK.

J. H. Burris, 38 W. 94th St., New York
L. Cohen, 254 Madison, New York City.
A. Glenn, 87 Henry St., New York City.
A. M. Liebstein, 211 Henry St., New York City.
L. Lambert, 161 W. 34th St., New York City.
Jos. Lebenstein, 122 Lexington Ave., New York City.
M. Minkoff, 30 Rutgers St., New York City.
F. A. Pitkris, 54 Richlawn Ave., Buffalo.
J. H. Watson, 135 Norwood Ave., Buffalo.

OHIO.

W. E. Crismore, Fremont.
H. H. Morgan, Manchester.
L. L. McHenry, Hamilton.
B. H. Nellans, Cincinnati.
Geo. F. Whitney, 1661 E. 115th St., Cleveland.
Cloyce Wilson, 432 Clark St., Cincinnati.
E. P. Zeumer, Harrison.

OKLAHOMA.

T. A. Love, Ripley.
S. J. Meredith, Duke.
Jno. P. Nasboro, Enid.
G. S. Pettit, Oklahoma City.
J. H. Taylor, Perkins.

PENNSYLVANIA.

G. C. Glenn, State College.
Percy Raymond Meikrantz, Hazelton.
Whitney A. Taylor, Broad Top City.

SOUTH DAKOTA.

W. A. Stearns, Hot Springs.

TENNESSEE.

J. Harvill Hite, Nashville.

CANADA.

Geo. M. Aylesworth, Collingwood, Ont.
J. Gordon Bennett, Halifax.

Moved and carried that the report be adopted.

DR. ADLERMAN: I move the adoption of the amendments that were offered at our last annual meeting. (Motion seconded and carried.)

Business session adjourns.

SECTION ON PEDIATRICS.

Dr. Kittredge, of St. Louis, presiding.

Congenital Phimosis.....Dr. Wesley Van Nette, Clyde, Ohio.
Intestinal Toxemia.....J. P. Harvill, M.D., Nashville, Tenn.
Laryngeal Diphtheria.....Ida F. Kittredge, M.D., St. Louis, Mo.

Section closed.

Section on Pediatrics rises, in order to hear further reports of the Committee of Delegates.

REPORT OF FINANCE COMMITTEE.

Resolved, That the corresponding secretary be continued as general organizer for the ensuing year and that his expenses be limited to $200.00.

In addition the Executive Committee may select organizers in any State who shall be allowed a sum for expenses not to exceed 35 per cent. of the amount the State has paid into the National treasury during the current year.

Resolution seconded and carried.

By Dr. Scudder: The Confederation of Eclectic Medical Colleges requests the National to authorize the next president to appoint a committee of three or five members who will be willing to go to Chicago in February, 1915, for a third conference with a similar committee of the American Institute of Homeopathy and incidentally attend the educational conference on medical education.

Said committee to go at their own expense.

F. L. Wilmeth, *President.*
J. K. Scudder, *Secretary.*

The Report of the House of Delegates on the Election of Officer-Members of the Association.

Your Committee of Delegates met regularly with the following States represented: Arkansas, Florida, Illinois, Indiana, Kansas, Kentucky, Missouri, Nebraska, New York, Connecticut, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas, Wyoming, West Virginia, Michigan, Iowa, Minnesota, and two colleges, Ohio and Nebraska. The following officers were elected:

President, T. D. Adlerman, M.D., Brooklyn, N. Y.

First Vice-President, W. E. Daniels, M.D., Madison, S. D.

Second Vice-President, Orlando S. Coffin, M.D., Indianapolis, Ind.

Third Vice-President, W. W. Maple, M.D., Des Moines, Iowa.

Recording Secretary, W. P. Best, M.D., Indianapolis, Ind.

Corresponding Secretary and Editor of the Quarterly, W .N. Mundy, M.D., Forest, Ohio.

Treasurer, E. G. Sharp, M.D., Guthrie, Okla.

Next place of meeting, San Francisco, Cal.

We recommend that the secretary write a letter of thanks to each city extending an invitation, and that Los Angeles be notified by telegram.

T. D. Adlerman, *Sec. Com. of Delegates.*

Moved that the report be received and concurred in. Seconded and carried.

Installation of Officers.

The officers were introduced by Dr. Gemmill.

Dr. Adlerman: *Mr. President, Ladies and Gentlemen:* I am not going to make a speech. But this election means to me perhaps a little more than some of you may imagine. I will promise you this, that I will try to make this meeting one great success, so it will go down in the history of this Association as the most successful Eclectic convention we ever had. [Applause.] But you know, all of you, that it depends very largely upon

the attitude of the other officers and the members during the coming year, and the help you extend to me, whether I am successful or not. I hope you will give me your help. I need it. I thank you for the honor you have conferred upon me, and I will let you judge next year as to the results.

Dr. Glenn: I wish to thank the Indianapolis people for the cool weather they provided, and the sunshine, and I want to thank all of you for the general good feeling that has prevailed clear through this meeting. I assure you that you will have my help all through the coming year with these new officers. I will now turn the gavel over to the new president.

Dr. Adlerman: Is there any other business before the house?

Dr. Frank Webb: I think it is the duty of the National Association to extend a vote of thanks to Dr. Glenn. I presume very few know how hard he has worked and against what odds. In the eastern part of the country there has been a great depression in business, and that such a number of men and women should come to this meeting under the financial conditions in the country reflects great credit on Dr. Glenn. I move that the convention give Dr. Glenn a vote of thanks for the able manner in which he has conducted the affairs of this Association the last year. (Seconded.)

Dr. Mundy: I would amend that by including the Indiana State Society, the local press, the managemnt of the Severin Hotel, and the retiring officers. (Motion carried.)

Final adjournment.

PRESIDENT'S ADDRESS.

W. S. Glenn, M.D., State College, Pa.

Members of the National Eclectic Medical Association:

It has been the custom ever since our Association was organized for the president to make an address, giving the history and standing, often by States, of the Eclectic School of Medicine. My talk will be short and rambling, as you all know the history and struggle Eclecticism has had from the beginning to the present day.

Some of our Eclectics, from present indications, seem to be ashamed of the name Eclectic and want to change it, thinking that a change of name will be better and less odious. I am proud of the Eclectic physician and the school he or she represents. The Eclectic School of Medicine has done more to leaven the entire practice of medicine than all other schools combined. Take any therapeutic journal of to-day, no matter of what school, and you will find more or less Eclecticism in it. The whole world is in debt to Eclectics for the present pleasant medication. And if it was known and understood the debt would be paid in a measure, at least, by endowments to our colleges and students to fill them to overflowing.

We need many more Eclectic physicians. The people are not complaining of there being too many physicians. Wherever you find an Eclectic physician you will find him busy, mostly complaining of being overworked.

There are hundreds, yes thousands of towns all over this land that would gladly welcome an Eclectic, and where he could make good from the very beginning. I do not mean that every Tom, Dick and Harry could make good, but any good, well-educated, level-headed man or woman who has been drilled in an Eclectic college can.

The Eclectic treats his patients according to the symptoms present. Let me illustrate. A patient takes sick and the Eclectic is called—he gives the indicated remedies; then, no matter what the disease develops into he is right from the start and many, many times in all probability he aborts a case of pneumonia or some other grave trouble just becuase he knew what to give and gave it early. Our people are not faddists, running after every fool thing that is heralded as a cure. We welcome all that is good and of real worth that will relieve suffering. Instead of going wild with enthusiasm before the new has been tried, we wait and try it out thoroughly, and, if found worthy, we use it. We use anything that will cure our patients.

Our medical schools are equal to any. The examinations before the State Boards will prove this. Our teachers are among the best, especially in teaching internal medication. Our surgeons have the advantage over most surgeons. While their work in surgery is equal to the best, their knowledge of internal medication many times help them to save lives which otherwise would be lost. We have the best journals and books printed in the English language to-day, for the simple reason that they can be read and understood by the rank and file of physicians. They give the busy everyday physician just what he wants and needs at the time he needs it. Take any of the works of other schools and there is lots of pathology but comparatively nothing on treatment, the very thing the busy doctor needs.

The Eclectic pharmacists were the first to standardize plant remedies and give us good, reliable drugs. And to-day almost every physician in the land is using some of the drugs made by our Eclectic houses. All this has been a help, not only to the physician, but, as I said before, to the whole world.

Our students have the same preliminary education as those that enter other schools. Then, why should not our graduates be equal in medical knowledge to others. They are all much better prepared to practice medicine. They have all the others have, plus a thorough training in giving remedies according to the indications present, which means much, especially to the patient. Internal medication is of vastly more use to the average physician than anything else. A specialist in any line needs it in almost every case. The surgeon, the gynecologist, the obstetrician, and all need the knowledge of internal medication. And who is better trained in it than the Eclectic. None—no, not one. If all our Eclectics would quit now, close our colleges, go into the ranks of the other schools, we would have glory enough for what has been accomplished. But our work is not done. There is much to be learned about internal medication and only the Eclectics who have been doing this work for years can successfully follow it up and

develop it as it should be. We do not know the full value of many of the drugs. Either by mouth or hypodermically, something new that is valuable is being learned each day. We must continue on and on till we have a perfect knowledge of all possibilities of all our remedies in every way, especially how to give them. Oh, what a comfort to be called to a patient, say, a little child; you find a small, rapid pulse, very restless, crying out in his sleep; you will give a little aconite and rhus and go home knowing that in a little while the child will be better, knowing it as surely as you know that day follows the night. You can dismiss it entirely from your mind because you know you have done something that will aid the case and all will be well. We are not medical nihilists and never have been; in fact, a thorough Eclectic can not be. He has too many positive results day in and day out in his own practice and the practice of others to be a doubter. Our work is positive and sure when properly done. What other school of medicine can say this?

We need new recruits. Our members are dying faster than the colleges graduate new ones. I think this is true of the medical profession, as a whole, to-day. In a few years there will not be enough physicians to minister to the sick. Take, for instance, in my own state (Pennsylvania), there will not be a single new physician licensed this year unless by reciprocity, on account of the one year interneship added to the requirements, and maybe a very few that have taken the year. It seems to me there should be some method devised by our Organization Committee that would be effective, whereby in each State, where there is a State Society, there should be a lookout committee to find prospective bright young men and women who intend to study medicine, communicate with them, or, better still, see them personally and explain the advantages they will have, providing they study Eclecticism. We all know the A. M. A., through the universities, are trying to control all things medical. Not by requiring university courses before entering medical college, but by offering prospective students a two year pre-medical course, then four years in medicine, and giving them at the end of six years both A.M. and M.D. degrees. This appeals to many.

The foreign missionary societies discriminate against all but Allopathic physicians. A nephew of mine prepared to be a missionary, then decided it would help him in his work if he would study medicine. He wrote to the board in New York and they told him he would have to go to an Allopathic school or they would not take him—otherwise he would have been an Eclectic. He has a brother that is an Eclectic. The life insurance companies also discriminate. All this makes it hard to get students to attend our colleges. We must overcome this by thorough organization, by selecting bright young men and women, who will do excellent work and help us overcome the prejudice which has existed so long. Then, again, the Allopathic journals are not fair. If an Eclectic does something disreputable they give his name, the school he graduated from, say, he is an Eclectic, and try in every way to belittle Eclectics and their school. If an

Allopath goes into the same nefarious business they may give his name but do not call him Dr.; neither do they give the year of his graduation or the school he graduated from. There is nothing fair about this. We need more publicity. Every Eclectic in this land should be on the lookout for material and see that our colleges are kept full. There is not the least danger of there being too many. Every one will find good openings waiting when they are ready to take up the work.

The object of this Association, as declared by its articles of incorporation, are to maintain organized co-operation between physicians for the purpose of promoting the science and art of medicine and surgery, the dissemination of beneficial knowledge and an improved practice of medicine. All honorable physicians having these same objects in view belong to us. And whenever they so desire they are entitled to membership. We have no quarrel with any body of physicians who are trying to improve the practice of medicine for the benefit of the sick. But we are up in arms against the political doctors who are trying by all sorts of laws and intrigue to advance their own selfish interests irrespective of any good to the profession or public. We ask no favors from legislators or lawmakers. All we ask and will demand is an equal chance and a square deal. Do you know, there are thousands of physicians to-day in our land that are Eclectics and do not know it. Every physician who sustains the vital forces and chooses the best for his patients, no matter where it comes from and gives remedies according to symptoms present, is an Eclectic. It makes no difference where he graduated. All these should be combined in one great organization.

We are here in this beautiful city of the Middle West (Indianapolis) to hold our forty-fourth annual meeting. I wish to thank every officer and member who has contributed in any way whatever to the furtherance of Eclectic medicine. The officers and section officers have done all in their power to make this meeting a success. Little personalities should be thrown aside and our meeting made harmonious and as helpful as possible to the whole body of physicians, all working for the common good. The whole trend of all activities to-day is for that which for a better term they call social service or helping each other. Let us keep this in mind all through this meeting, and when the meeting is over we can all say, I am glad I came to Indianapolis. We have many good papers promised and much work to do, all of much more importance than listening to a talk on things you all know. I will try to be just and fair with everyone during this meeting, serving you the best I can.

BACK TO THE PEOPLE. DOWN WITH NARCOTICS AND HABIT-FORMING DRUGS.

John Uri Lloyd, Phar.M., Cincinnati, Ohio.

Only by contrasting the past with the present can we form a correct opinion as to certain changes that have insidiously worked themselves into

professional methods in which the Eclectic school was once an active agent, and is now historically concerned. Imperceptibly the old passes out, and the new takes its place. The person concerned scarcely notes the changes in methods and processes that come from day to day. He becomes, however, either better qualified or the reverse, and in it all scarcely appreciates that *he* has changed with the passing years.

With these thoughts in mind, turn back to the pages of your old Eclectic journals. Go even further back than these, to the journals and other publications of the early American "reformers." Become imbued with their ideals and their ambitions. Before our eyes stands the banner they held aloft, inscribed with the motto, *"Reform in Medicine and in Medication!"* A mighty problem was that in which we find these reformers concerned. Need anyone seek for any higher, any nobler ideal than that which led these men and women, educated and illiterate, wealthy and poor, cultivated and uncouth, to unite their efforts in behalf of the general good, as they saw the problem, that of protecting themselves from the many wrongs then practiced under official forms of medication, and the liberation of the sick and helpless from the terrors of heroic medication, from bleeding, blistering, salivating, narcotic drugging and indiscriminate harmful dosing.

Who can turn the pages of that old publication, *The Lobelia Advocate,* of the Thomsonians, or the old college journals of the Eclectics, and not become convinced of the fact that these people were engaged in a crusade greater than they knew, in behalf of their homes and loved ones? And, strangely enough, their chief antagonists were those who, by virtue of their education and professional position, claimed, "by authority," the privilege of instituting cruelties and applying tortures that, to-day, seem unbelievable.

Then, the vest pocket of each "legally" qualified physician carried the lancet, ever ready for what was then deemed the initiative process, whether the victim were a weak child or a helpless woman. Another pocket, and a larger one, too, carried the bottle of calomel and the jar of blue mass, that, after the preliminary bleeding operation, were brought into play as the next step in official medication. In another pocket, the cantharides jar held the magma used in the making of that great sheet-anchor of authoritative medication of those days, the ever-torturing blister-plaster. Next, but not least, we find with each practitioner, a bottle of croton oil, that well-known "counter-irritant" of the olden day, which, painted over the breast of the consumptive victim, produced the excruciating sore believed by the physician of old to be necessary in the drawing to the surface the diseased product from the lung beneath. Comes also to view the ever-ready tartar emetic, which, made into a plaster and spread upon the skin, crept deeper than did the croton oil vesicant, and lasted longer than did the blister-plaster, producing a subcutaneous sore, relieved only by opium, that universal

panacea for pain, which has left in its habit-forming train of centuries of misuse, a shocking story of therapeutic blundering.

Think of all this, read the pages of those old publications, and whoever you may be, Old School, New School, Eclectic, Homeopathist, college or business reared, educated or not, one and all must together admire those old-time "reformers." No thinking man of to-day would for one moment tolerate the cruelties they fought, and to-day, no man could be more pronounced in discrediting such methods than the officials of the "Old School," as well as the rank and file. Every member of every medical section in American medicine to-day, would be an aggressive "reformer," were any class of persons to-day to attempt to teach such processes as then prevailed, "by authority."

Note, on the one side of that old controversy, the accepted processes of educated but yet misguided men, *in power,* who demanded, by reason of their very *education,* the continuation of processes which meant, as the people fully comprehended, indescribable sufferings to themselves and their loved ones. On the other hand, note the helplessness of a people struggling against authoritative dictation, as well as the apparent hopelessness of those engaged in a cause that lacked, with a few notable exceptions, all college, university and scholastic learning.

Put yourself in the place of these reformers. Contrast conditions then with conditions to-day. Listen to their battle-cry, *"In Behalf of the People!"* Note their reward—odium, ostracism, discredit, neglect, even personal abuse. Consider their lack of official opportunity and the apparent hopelessness of their cause. Then deliberate over the result, as shown by the record of a century of professional turmoil.

Even education and wealth combined, but misapplied, can not, in the end, subjugate the illiterate but yet righteous and thoughtful, nor forever mislead the man of intelligence and the competent professional man. Misguided persons in authority, earnest and honest though they be, could not forever maintain such processes as prevailed in this country at the date we name. It was ordained that the lancet, the blister-plaster, the croton oil vesicant, the tartar emetic curse, the salivation by calomel and blue mass were, one by one, to be relegated into therapeutic oblivion. The attacking forces who bespoke more humane processes were, naturally, being continually augmented by thoughtful observers, both educated and uneducated, including many physicians of the "regular school," who, refusing to follow their leaders, instituted a rebellion, even though this often consisted in processes of silence only. The relics of professional barbarism, so far as their inhuman use of the old torturing remedial agents is concerned, have now practically disappeared. They are now but a reminiscent heirloom of the past.

As one looks back at the record of it all, it can be plainly perceived that home education, common-sense observation, unscientific aggression of

those who saw the wrong was, as a preliminary step, necessary to the brushing out of existence of the great medical wrongs so long established and so firmly entrenched under the authoritative banner of those who had been taught that medicine, to be useful, must be cruel; that medication, to be helpful, must torture the patient. Only through the union of dissenting physicians within the ranks, and an indignant people without, could authority as firmly established as was that concerned in maintaining the erroneous cause in which its supporters so fully believed, be led to correct their processes.

Let us not, however, neglect to utilize the foregoing as an educational text. No longer have the sections in medicine reason to antagonize each other, or to cast reflections upon each other because of the use or misuse of the cruel processes and heroic drugs aforementioned. These are of the olden time; they have crumbled and passed away. It may be safely said that no college of medicine, no book of authority by any professional teacher whatever, in any section of medicine whatever, now commends either such processes or the heroic use of such agents in the cure of disease. Musty are the pages of those volumes that taught such as this. In fighting these methods and agents of the past, we are spearing at spectres that no longer have an existence. Indeed, I can not recall, in my circle of professional acquaintances, Eclectic, Old School, Homeopathic or Thomsonian, any man or woman who would not be as indignantly horrified over anyone's applying such processes to-day as were the reformers of the olden time. That feature of the Eclectic "cause" no longer exists. In my opinion, no kindlier hand is now extended, and no more sincere credit given the humane in medication, than comes from the majority of the thinking, practicing physicians of the dominant school to-day, who take no part whatever in such methods as we have described, and who are thankful for the liberation that has come to one and all after the manner I have stated.

Listen, my friends! It is a trite saying that "The mill can never grind again with the water that has passed." This, I believe, should be the guiding word of the thinking members of our school and of those actively concerned in Eclectic progress, Eclectic responsibility, and the future usefulness of Eclecticism. The work of the fathers in the directions indicated, in which the crusaders of old were so actively united, has, except in one direction (opium and its derivatives), been accomplished. Let us glory in the part we have taken in the cause.

And yet the present has its added responsibilities in which we must take an active part, if we serve with credit the cause of humanity. If any of my hearers believe that there is no longer work for the Eclectic practitioner of medicine (as well as other physicians), in reform directions, he cherishes a delusion. In my opinion, we need be as earnest as were the fathers of old, in teaching a simple form of medication, a kindly treatment for the sick, a rational view of disease and disease treatment, and a libera-

tion of the people from the wrongs of modern harmful drugs. In my opinion, as long as the dominant agent, opium, used in the rule-of-thumb processes of old, remains yet entrenched, and is freely prescribed by the thoughtless physician to lead the people to destruction, there is heirloom work for us to do. The eradicating of the evils of this one lingering agent (were that, alone, in existence) that has yet its unshaken hold on thousands of our people is a sacred duty that we owe to those who are no longer here to carry on their crusade to a final conclusion. Thousands of helpless American citizens await liberation from the dominating tyrant that overwhelms them, and we should, aggressively and unitedly, as did the fathers of old, attack the methods of those who teach the people how to use this terrible habit-forming drug, as well as the processes of those who supply the people with this scourge. And in this we will have help, not opposition, from thinking physicians of all other sections.

I need make no attempt to formulate plans and processes for procedure. But I may be permitted to indulge the hope that a systematic movement, under our national organization, may be instituted and comprehensively followed out in such a way as fully to instruct the people concerning our past efforts in the people's behalf, as well as our present enmity to this entrenched tyrant, opium, the last lingerer of the destructive agents of old, that still so terribly afflicts our people. But this is not our *whole* duty.

In this connection, I regret to be compelled to record that the passing years have introduced other habit-forming drugs fully as destructive as opium or its compounds. As such may be named cocaine and its derivatives, and the many paralleling professional as well as commercial "headache" synthetics and compounds. To these may be added a full share of the offensive and repulsive therapeutic animal extracts and serums (before which even the illogical Chinese medication pales), as well as the indiscreet use of the hypodermic arsenical compounds that are now establishing baneful death records. And last, let me name a greater enemy than all others, that sinful destroyer of human life, BICHLORIDE OF MERCURY. Who could have imagined, when the Eclectic fathers of old were fighting CALOMEL as a harmful drug, that its near relative, *corrosive sublimate,* then used scarcely enough to be mentioned, would become the greatest scourge, the most devastating drug enemy of the human race? In my opinion, we should boldly place ourselves on record as regards this modern drug criminal. In the people's behalf, drugs such as these must be suppressed, or their use regulated, before we are through with our crusade in the cause we cherish. The American people are now, more than ever before, terribly afflicted by self-harmful and *habit-forming drugs.*

With this final thought concerning our duty, let us turn once more to the crusaders who fought medical wrong in the beginning of the last century. With the light now before us, we can but read aright the story of the methods that brought final success to the reformers of old.

Listen! Let us note that these "reformers" were not parasites who sucked the life blood from the parent school, nor were they nihilists, intent on destroying the works of others without making a return. They sought to find humane processes to replace those undesirable, and kindly medicinal agents for those more heroic. They thus investigated nature's products in field and forest, searching for effective but yet kindly substitutes for the cruel energetics. They thus persistently fought the *wrong* of old-time medication, aiming to give back to the entire medical profession kindlier processes. They prided themselves on the return they thus made, not only to humanity, but to their professional rivals. With the utmost satisfaction did they see many of their own kindlier therapeutic agents substituted for the cruelties of days gone by. The pages of the pharmacopeias and dispensatories, the world over, bear testimony to the final outcome of this phase of the efforts of our section in medicine. Thousands of physicians in rival sections of American medicine now use these remedial agents, once exclusively Eclectic, commend and praise them by word and in print, and gladly credit our people with their introduction. To every civilized country these Eclectic remedies (for none are secret) are now exported. Recognition of the altruism of the methods of Eclecticism is now well-nigh universal.

The "reformers" of old were of the people and next to the people. In this lay their opportunity and their strength. They held not themselves aloof from humanity; they did not encyst themselves in a professional sarcophagus. They asked no one to help them crush their antagonists by law. It was the *wrong,* by whomsoever the wrong was practiced, that they opposed. Theirs was a continuous process of self-sacrifice. As a part of the people they crusaded *with* and *for* the people.

Listen! With all this in view, let us ask, Does the Eclectic who now studies the wrongs about him, take *the people* into his confidence as of old? Does he explain to them the distinction between kindly medicines and those heroic? Does he enthusiastically teach each family that he visits the humanitarian record that Eclecticism has made? Does he hold out to his patrons the fact that he is a believer in a system of medication that "sustains the vital force," and resists depletion? Is he an aggressive crusader against therapeutic wrong and drug cruelty, be it professional or otherwise? Is he, with victory now within his very grasp, relinquishing to outsiders the final fruits of a century of sacrifice on the part of his fathers? These questions, that I feel must appeal to all, lead me to make a few suggestions that it seems to me should be useful.

LISTEN! The medical profession is once again being discredited in the minds of a great multitude of the American people. Let us not close our eyes to facts. Not the illiterate, but the best informed and the most cultivated of our citizens, in every community, are rising in protest against some phases of modern medicine and medication. This is not a rebellion

heired from the crusaders of the past, but an uprising against therapeutic wrongs of the present. The methods of the fakirs, both within and without the professional fold, have been published broadcast and have horrified the reading, thinking people of America. Illogical serums, repulsive animal extracts, death-dealing arsenical hypodermic compounds, coal-tar synthetics, reckless processes of vivisection, cocaine and its derivatives, the "bichloride" curse, are establishing a new trail of wrongs that is being charged, not against the individual wrong-doer, but against the whole medical and pharmaceutical professions. It can be seen that to the still lingering nucleus relic of the past, opium, has been added a host of undesirables that, in some directions, shame even the vicious energetics of times gone by. Such as these have again stirred the American people to the disfavor of medicine. The masses, overlooking the great good done by the physicians of all sections of American medicine, with their eyes on the bad, alone, are becoming suspicious of all forms of medication. And, especially with bichloride, the masses need be saved from themselves. They who are appalled by it all do not discriminate between the good and the bad, but class the processes of all physicians as harmful, all professional remedies as baneful.

It is time for all physicians and pharmacists to awaken. Our section in medicine, especially, should not permit itself to be misunderstood. We should, as I have said, at once take steps to educate *the people* concerning our past history, as well as our present methods and ideals. In every hamlet, town and city our physicians should be liberally supplied with educational literature, in which *facts* that should be generally known are tersely stated. But in it all there should be no word of criticism of brother practitioners, in any other section of medicine. They, too, need be on the alert in behalf of the general good of one and all. In directing thought aright, such literature as serves us, would also be useful to them. Indeed, in my opinion, in every section of American medicine there are hosts of physicians who should in this same manner put themselves on record as being alike concerned in opposing the wrong in medication, and in crusading against both the makers and the distributors of habit-forming drugs, as well as against such physicians and pharmacists as discredit the professions of medicine and the art of pharmacy.

WHO SHALL PREPARE AND DISTRIBUTE THIS LITERATURE? In my opinion, our National and our State societies should make of this an immediate feature. Every member of every Eclectic organization should receive a package for distribution among his patrons. Every Eclectic physician in America should become a member of his local, State and National Society. In an altruistic sense, such literature as this will appeal to all thinking physicians. They, too, regardless of school, will thus be given a helping hand. The CAUSE is NATIONAL. Our part is cosmopolitan.

"PROGRESS IN MEDICINE."

EXTRACTS FROM CHAPTER 111 OF THE REPORT OF THE COMMISSIONER OF EDUCATION FOR 1913.

Written by N. P. Colwell, M.D., Secretary of the Council on Medical Education of the American Medical Association.

DR. A. F. STEPHENS, ST. LOUIS, MO.

"The chief hindrance to progress in all lines of medical education in the United States *is the lack of a single national legal control of all educational matters, including medical colleges.* In fact, most of the evils which have arisen in general and medical education in this country are the direct result of the confusion and conflict of standards held by the multiplicity of independent boards having these matters in charge."

If a Russian bureaucrat had been urging the destruction of democratic freedom in government, and the substitution of bureaucratic despotism, he would tell you that the trouble with democratic government is "the lack of a single national legal control" on the part of a bureau, under an autocratic head, such as obtains in Russia. Thus he would, or might, use the exact thought, and, with a few verbal changes, the exact expression employed by those who would establish conditions that would forever prevent unfettered freedom in government, exactly as Dr. Colwell would prevent the rise and establishment of new schools of healing and the permission of new theories of cure, for it is a notorious fact that from before the days of Harvey almost every effort that has proved beneficent in the healing art and which originated without the orthodox medical communion has had to encounter the fierce opposition of entrenched authority.

"In every other country having a standing comparable with that of the United States, the control of education is a function of the national government. Medical education in those countries has never been separated from the universities, and the low standard, commercial and *sectarian* institutions, calling themselves medical colleges or colleges of this and that system of treatment, never gained a foothold. The same or higher standards were enforced for the medical school as for other departments of the university. Medical education has always held a dignified place, and uneducated or improperly trained doctors are rare exceptions, if found at all."

Dr. Colwell has naively expressed a sentiment which, following the Dark Ages, was most frequently employed against those who headed the great Protestant Reformation and who were fighting for religious and intellectual emancipation, and who demanded (1) the right to follow the light of their convictions in all matters relating to religious belief, or to worship God according to the dictates of their conscience, and (2) the right to search for truth and knowledge along all the highways of learning, and to bring the result of this knowledge before the bar of reason; yet it was the triumph of these two great demands, which were unitedly opposed

by the State church and the great educational institutions under the control of the State and church, which made possible the wonderful progress of the past four hundred years. If the upholders of the State religion or intolerant State church of Russia, which has been and is such a retarding influence to true progress and such a cruelly repressive agency, should be advocating the establishment of a State church, they would unquestionably insist that all holding other views than those recognized by the great religious heads and lights of the State church were dangerous because they were not properly trained doctors of divinity or were ill-educated, just as Dr. Colwell in the above would characterize the sectarian medical institutions. The upholders of State religion and of State medicine are ever so intolerant that they would interfere with matters so vital and personal to the individual as religion and health.

"For medical education alone, in the forty-nine States, instead of a single law providing a single standard, there are forty-nine different medical practice acts, providing forty-nine different and often conflicting standards. Yet these are the only barriers which have been placed between the public and the thousands who seek the right to treat human ailments, including the incompetent or imperfectly trained product of low-grade medical colleges."

If medicine is a science, how is it that so many different sectarian schools arise? If the orthodox medical system is superior to these newer systems, which have to fight against popular prejudice as well as entrenched orthodoxy in the healing art, how is it that these schools and their practitioners flourish in spite of all the restrictive legislation which the monopoly-seeking or orthodox doctors have been able to obtain? As a matter of fact, it has been the conspicuous success of the newer and unorthodox systems that has rendered possible their rise and growth. The bedside test is the true criterion to which the practitioners of the newer schools appeal; but the bedside test is the very thing which the old school does not dare to face. A privilege-seeking class never strives to secure monopoly or special restrictive legislation against unsuccessful competitors. Medicine is not an exact science; the most that can be said for it, even by its strongest advocates, is that it is a progressive art, and no fact is better established than that in all fields of experimental knoweldge, *freedom, and not restriction,* is the condition essential to scientific advancement as well as to the best interests of the individual.

"The main question to be considered is this: Has this 'practitioner' had sufficient education and training to enable him to recognize the disease he is attempting to treat, and to know whether his particular 'specialty' is the one to be used or whether it is the very one most dangerous to the patient? One standard—an educational standard—therefore, should be upheld in the licensing of all who practice the healing art."

If medicine were an exact science, with all practitioners in accord, as Prof. James pointed out, the demand for a single standard would arouse

no serious opposition, nor would there be any necessity, indeed, for any attempt to enforce a single standard; but, as a matter of fact, the history of the healing art shows that in theory, in diagnosis and in practice, even among the old school, there have been constant changes. In fact, as Prof. James points out, "The whole face of medicine changes unexpectedly from one generation to another," while under freedom great schools of healing have arisen through the treatment or ministrations of whose practitioners thousands of persons have been restored to health, upon whom the death sentence had been passed by the orthodox practitioners when they had diagnosed their troubles as incurable maladies, and it is these orthodox practitioners who are now demanding a single standard, and that, that standard shall be *their* standard.

"The great need in this country is a single or unified control of these matters, which can not be hampered by local or petty influences."

The "local or petty influences" here referred to is the effective opposition of thousands and tens of thousands of persons who have been cured by the practitioners of the newer schools after they had failed to receive benefits or cure at the hands of the would-be monopolists or those who would enforce their standard upon nation and State. These persons are able to reach the legislators, because they are the responsible representatives of the citizens. Hence, the monopoly-seeking doctor's wish to have Russian bureaucratic boards, with fixed standards, by which they can, by autocratic or bureaucratic rulings, destroy the freedom which has been responsible for the saving of hundreds of thousands of lives.

SOME VALID REASONS FOR PROTESTING AGAINST THE BUREAU OF EDUCATION FURTHERING THE POLITICAL CAMPAIGN OF THE PRIVILEGE-SEEKING AMERICAN MEDICAL ASSOCIATION.

A. F. Stephens, M.D., St. Louis, Mo.

The fundamental proposition advanced for this standardizing or monopoly in the teaching of medicine is false, and the very premise being false, the conclusions are necessarily fallacious. History teaches no fact more impressively or clearly than that in all fields of experimental knowledge, freedom and not restriction is the condition essential to scientific advancement. This proposition should be backed up with the strong utterances of the most authoritative leaders in the scientific world, especially as they relate to medicine—such men as Herbert Spencer, Prof. Huxley, Prof. Youmans, Dr. Alfred Russel Wallace, Prof. William James, Prof. Waterhouse, etc.

Again, it may be shown that in proportion as theology or dogmatic science has been able to exercise monopoly power, the rights of the people have been disregarded, persecution has followed, and the assumed infallibility of those representing the speculative theories has necessarily produced

intellectual stagnation such as obtained in the Dark Ages and such as has paralyzed advancement for centuries in China.

It can also be shown that a privilege-seeking class never seeks legislation against unsuccessful competitors, and nothing is more conspicuous in the history of the representatives of the A. M. A. than that they are not willing to abide by the bedside test, while the opposition merely desires the freedom that can demonstrate to the sick the success of the newer and safer theories over the ever-changing and pre-eminently empirical theories of the would-be medical trust.

Furthermore, it can be shown that in the field of the healing art there are schools quite unlike the so-called regular or orthodox medical school, which rest upon definite and philosophical theories of cure. Eclecticism, for example, has a clearly defined philosophy. Its advocates believe that they can prove the virtue or the influence of its various remedies. Its theory is clear-cut, definite, and its success has been such that in spite of all the power that the old school has ever been able to exert, it has, even in America, hundreds of thousands of highly intelligent people, who believe in its superior efficacy.

This "single national legal control of all educational matters, including medical colleges," advocated by Dr. Colwell in the report of the Commissioner of Education, would compel Homeopathic physicians, Eclectic physicians and Osteopathic practitioners to pass the examination of the old school, although the Homeopathic and Eclectic *materia medica* are very different from that of the so-called regular school, while the Osteopaths would have to pass a *materia medica* examination, although they do not administer internal remedies and depend upon manipulation.

THE NATIONAL CALAMITY—INSANITY CONSUMING THE UNITED STATES' POPULATION.

Theodore Davis Adlerman, M.D., Brooklyn, N. Y.

Mr. President: I hope that the title of this paper will not evoke a smile on your face, nor on the countenance of those present here this afternoon. It may seem quite doubtful to many that the possibility of the increase of insanity may be such as to consume the entire population of a country—an entire nation! You may even advance facts and arguments against this claim made by me; you may even say that I am too pessimistic in my views and forecast; some of you may even go a bit further and claim that the writer of this paper is "a little touched" mentally from his constant contact with the nervous and insane; you may do all this, and yet the cold fact that the increase of insanity is enormous and keeps on in a steady progress will still stare you in the face.

In bringing this to your notice, it is my desire at this time to sound a warning of a great danger to the American people, for perhaps no other nation has shown more pronounced, more marked development of nervous

and mental diseases during the last decade than our own American nation.

We have nearly acquired the name of the "nervous nation." In our daily life we are rushing to a general nervous instability, we are, in fact, fast becoming a nation of neurasthenics with all the grave possibilities of this disease. Nervous and mental diseases are rapidly increasing, our sanitariums and insane asylums, State and private institutions are being rapidly filled up with nervous and mental wrecks.

It is certainly our duty to call a halt. We must sound a warning before it is too late, before all of us become a people with an unsound mind and abnormal mentality. We are to-day abnormal in many of our pursuits, whether they apply to our avocations or to our pleasures. We are consuming both at an enormous rate; we are working under a constant strain and abnormally heavy pressure. We turn night into day in our business and at our homes. Alcohol, tobacco, drugs, sexual dissipation, going on at a more wrecking pace day in and day out.

Means must be found to halt this mad rush for gain and pleasure, for alcohol and women; this rush that seems to be without bounds; this rush that eats up and destroys nerve and brain matter; this rush that leads to breakdown and insanity. The abuses of alcohol directly and indirectly do more to fill our insane hospitals than all other causes combined, if you in the same time remember that alcoholics are often victims of one or both of the social diseases. Let me quote to you here, gentlemen, a few short data, which, I think, will prove of interest to all of you and support my contentions in the same time.

In the year 1908, there were 30,507 "patients in the different hospitals and sanitaria" for the insane in the State of New York, an increase of 1,414 over the previous year. The increase of the insane in this same particular State, for example, during the past twenty years, has reached 97 per cent., while the population has increased in the same time only 54 per cent. According to the latest data obtainable, we have to-day in this glorious State of New York, one insane in every 280, and at present New York State is spending millions and millions per year for the care of its insane. Figures from other States tell the same grave story, a story of constant, steadily creeping upward increase in insanity.

In the State of Idaho, in the year 1880, they had one insane in every 1,300, while in the year 1900 (twenty years later) they had reached to one insane in every 769.

In the State of Washington, in the year 1880, we had one insane in every 695, while in the year 1900 it had become one insane in every 402.

In the State of Indiana to-day, you have one insane in every 400; in Illinois, one insane in every 412; in Virginia, one insane in every 510. All the other States, with very few exceptions, show the same steady and dangerous increase. In the State of New Jersey, only a short while ago, the State superintendent of the Hospital for the Insane called the attention of the governor of that State to the remarkable increase in insanity in the

State of New Jersey. In the same State records prove that the epileptics double every thirty years. (Prof. C. Davenport's report.)

While the total population of the United States has increased about 11 per cent. in the last six years, the number of insane people was augmented during the same time by 25 per cent., and the cost and care of these insane and idiots has now reached to the amount of $60,000,000 annually.

In 372 institutions canvassed by the Census Bureau up to January, 1910, there were 187,574 insane patients, an increase of 37,303 over and since the year 1904. In all, according to the very latest figures, there are 250,000 insane people in the United States and as many feeble-minded. This number exceeds the combined enlisted strength of the United States army, navy and marine corps. It exceeds the population of Columbus, Ohio; it exceeds the number of students who were enrolled in all the colleges in this country at that date. In other words, out of every 200 people in the United States, one is either insane or feeble-minded.

The State of New York leads all other States with 357.7 insane for 100,000 population, with Massachusetts a close second of 344.6 per every 100,000 population. I will add here that in all civilized communities the increase in insanity is out of all proportion to the increase in the population.

In British territory, for example, in forty years the increase of population has been 87 per cent., while the increase in the number of lunatics has been 276 per cent.

From the above you can readily see that we are threatened with a spread of mental degeneracy, which is overwhelming. From a study of statistics, dating back a number of years, I can safely make the following deduction: "Every time the population in this country is doubled, the insane are multiplied by three and the feeble-minded children are multiplied by four." Continue this computation and in time to come you will have more crazy people than sane, and finally the entire populace will be fit subjects for insane asylums, and I, therefore, Mr. President, had a perfect right to name my paper as above.

This, gentlemen, is a serious problem. A great question, the solution of which points to only one answer. We must obtain a universal sane system of eugenics, which will evolutionize the world as to the character of men and women. A system which will have to be taught to every person and to all the young in the United States. Rational eugenic movement should be encouraged by all means. The multiplication of the unfit must stop. It must be averted by all possible ways. Eugenics will influence human matings in the interest of future generations in accordance with laws of inheritance.

That feeble-mindedness and insanity are hereditary there can not be any doubt whatever. As you probably all know the Mendelian law is the method of transmission in both insanity and feeble-mindedness.

This we can easily prove by some very interesting statistical reports. We looked up the antecedents of some hundred patients, who were con-

fined in one of the New York State hospitals for the insane. We made out our deductions according to the Mendelian law, and arrived at the following: Out of sixty-four offsprings of seventeen matings, all of whose parents were neuropathically tainted, we had sixty neuropathic children, and four children who were too young to determine their standing.

The history of the Kallikak family is also interesting and proves without a doubt the hereditary law in this case. During the Revolutionary War, one Martin Kallikak, a young man of good family, had, by a feeble-minded, epileptic daughter of a road innkeeper, an illegitimate son. A few years later, upon the return from the war, this Martin Kallikak married a normal woman of his own station in life, and their descendants up to the present, sixth generation, have furnished good citizens in New Jersey. Men and women of brilliancy, giving the State doctors, lawyers, judges, governors, all men of the highest repute in their respective localitis. The descendants of the illegitimate son from that feeble-minded daughter of the innkeeper, out of 480 known, direct descendants, 143 have been feeble-minded, others were insane, some epileptics, criminals, prostitutes, alcoholics, and the last of the sixth generation is now a girl in an institution for the feeble-minded in Vineland. She is about twenty years old, and has (according to the Binet-Simon test) a mentality of a girl ten years of age. Can there be any doubt in your minds, gentlemen, as to this terrible heritage?

I could quote you many other such histories, as that of the history of the Hille family, the "Juke" family, the "Nam" family, the "Edwards" family, and many others in support of my contention of heredity in these cases.

The promotion, therefore, of practical eugenics must be based on a correct conception of the relationship between heredity and insanity. The nation in its own self-defense, in defense of its future existence, must prevent, by suitable hygienic and other legal means, the propagation of mental defectives, too many of whom are now allowed to run around free. Mental unsoundness is becoming a too serious national handicap, and all interested in the welfare of humanity must learn how the mental health of the nation can be protected.

The laws of all States should forbid marriage between persons who are either insane, imbecile, idiots, or feeble-minded, as only in this way will we be able to cut off bad germoplasm and diminish the number of children, who will eventually be confined in insane institutions in the different States of our country. We must also remember that every child has a right to be born free of psychic hardships. This should be the aim of all in every State of the Union, and even so-called "cured" insane, or so-called "cured epileptics," "cured feeble-minded," "cured imbeciles," should be rendered unfit to transmit any of their defects to posterity.

The question will here arise, should marriage of a feeble-minded person, or of an epileptic, or of an insane person be allowed to some normal individual? In answer, let me quote to you the following: A feeble-minded

woman married a normal man. The two children were highly neurotic, were addicted to crime, and one finished up in one of the Southern jails. An epileptic woman married a normal man. One child is normal, though not over-intelligent; the other two children are feeble-minded. A normal man married an insane women. One child is below the normal intelligence; the other child is insane.

I am in hopes, Mr. President and fellow-members, that these facts and deductions will bring forth some interesting discussions. I also hope that each and every one of you will become ardent advocates of the eugenics in your respective communities, as in this way only will we be able to avoid the great danger which threatens to consume us and render us a people with unsound minds, a people of degenerates and imbeciles. Something radical must be done and done quickly.

910 St. Johns Place.

DISCUSSION.

Dr. McKee: That to me is one of the most interesting papers I have heard in a long time. A year ago I read a paper here taking up some of the same questions. In the United States there are about two and a half million children born every year. One-half of them die in the first year, and one-half of all are dead before they are three years old; then there are about a half million that become paupers and drunkards and feeble-minded, and there are about a half million that are really above normal out of two and a half million babies born every year. The conditions are such that it is really necessary for the physicians of the United States to go to our legislatures in the States, and even to the National, and have such laws as we have on the statute books repealed. It is absolutely essential, if we want to manage this thing at all, that we must have some safe and efficient means of preventing conception. It is impossible to have everyone sterilized that is specially unfit. Many normal people are overdone in the child-bearing period; they are unfit, yet they bring on more and more children. One or two or three children in a family is enough.

Dr. E. G. Sharpe: This has proven a most interesting paper, and there are some problems in connection with it that it seems to me have been problems in ages past, are yet, and are liable to be for ages to come, and to my mind the best solution of the eugenic problem is sterilization of the unfit. How we can hope to accomplish that remains to be seen, but I can see no other solution that offers any hope of improvement of conditions.

Dr. Daniels: I was very much pleased with this paper. I suppose sometimes we people in the West get just a little bit ahead, and two years ago, last winter, the law that was suggested by the chairman of this section I had the honor of introducing in the legislature of South Dakota—to prevent the marriage of inebriates and those who are mentally deficient. I have had the privilege of visiting our great institutions all over the country, and I want to tell you, Mr. Chairman, that 46 per cent. of all our feeble-minded people, our insane people, are there because their parents were drunkards. [Applause.]

Dr. Postle: When we consider the subject of insanity, if we consider insanity as being one disease, or that insanity is always the same thing, we get an erroneous idea of the trouble. We might just as well call all fevers the same thing. We have different types of insanity, just as different types

of fevers, and when we prescribe treatment we must first inquire into the cause.

I beg leave to differ with the last speaker in what he says about alcohol causing a majority of the cases of insanity. Let us take them up one at a time. Did any of you ever see a case of melancholia caused by alcohol? It never does. Did you ever see a case of paresis caused by alcohol? Never in my life. The fact of the matter is that if we expect to get anything out of this we must get down to facts, and not just theory; not just simply a hurrah, like a political campaign. I say, has any one ever known alcohol to produce these things? Did you ever know alcohol to produce paranoia? No. Syphilis produces paranoia, not alcohol.

Dr. Carriker: When we have cut out alcohol, sexual excesses, sexual perversion and tobacco, it will not be long until we will have sound-minded people. First, sexual excesses impair the cerebellum, and when that is impaired how soon before you become insane? The same can be said of alcohol, and with these two together you have a map of insanity all over the world. Let us stop our alcohol, stop our tobacco, stop sexual excess, and it will not be many generations until we have sound people.

Dr. Choate: I was very much interested in this paper. It dealt with facts, facts that we have to contend with all the time. In my practice in venereal diseases I come in contact with a great many of these cases. It is a problem that we have not been able to solve, how to stop them. This proposition of castration might be all right, if we knew just who; but that is the problem you could not work out in a century, because you would not know who. But I do think if we can invent some way to stop venereal diseases, we will have the insanity proposition pretty well stamped out.

Dr. Mundy: I do not intend to discuss this paper, because I am not a specialist in these troubles, but as to sterilization I would like to ask where you are going to stop. I have two families in my practice, the fathers are both normal, and the mothers are neurotic and hysterical. Each have two children, and the four children are degenerates. How are you going to prevent it?

Dr. Estell: There seems to be some wrong impression in regard to sterilization. With the excision of the vas deferens a man will still retain his sexual powers, with the exception that he would be unable to propagate the species.

Dr. C. A. Tindall: I want to ask a question. What influence has environment in connection with heredity?

Dr. Adlerman (closing): I am glad to bring out this discussion. I believe it will set you thinking a little bit, and that was the object of this paper. I will take up alcohol. One man makes the statement that alcohol is the cause of insanity, but he does not limit his meaning to the understanding of alcohol as alcohol; he uses the word alcohol as including everything that comes from the abuse of alcohol. Dr. Postle says that alcohol does not produce insanity. The man that abuses alcohol acquires syphilis, and that will produce insanity; but the originating cause will be alcohol. (Applause.) Dr. Postle says paranoia is not produced by alcohol. I will have to differ. One of the greatest cases of paranoia in this country—whose name I will not mention—if you will trace back his history I am sure it will prove that alcohol and sexual excess produced that paranoiac. That history shows epileptics in the family, and sexual abuses and other abuses and the use of alcohol—all of which caused this paranoiac, and you can not get away from it. Dr. Postle says paresis does not come from alcohol. I have a paper on paresis to read here. Alcohol alone will not

produce paresis, but it is the other things that follow the abuse of alcohol. Dr. Postle knows that paresis is a product of syphilis and civilization, and in the civilization of to-day with a great majority of people alcohol plays an important part. Paresis as a rule attacks men who have, through the use of alcohol gone on to sexual abuses, and if Dr. Postle disputes this statement I will prove it. I do not get it out of my head. I will prove what I say, that alcohol does play an important part in paresis. I take the stand in this paper of mine that syphilis does not play such an important part as some of our specialists want us to believe. I take the stand that syphilis alone will never produce paresis. You can take places where syphilis is unknown, yet many are attacked by paresis. And in Japan, where syphilis is abundant, paresis dementia is unknown.

Where and when shall we stop sterilization? This is a broad question to ask me. You will have to be governed according to the circumstances of each particular case. The cases that are mentioned by Dr. Mundy, I would have to know more about the history of the father, grandfather and great-grandfather, before I could render an opinion on these cases.

What influence does environment have on the production of insanity? In the first place, what is environment? Environment is a broad word. It is well known that environment is a cause in the production of insanity. Of course, if you limit the word to purely domestic conditions alone, if you take natural environment, the daily life, the making a living, and poverty, that does cause, under certain conditions, a certain amount of insanity.

Dr. Postle: I rise to a question of personal privilege. I want to be understood on the question of alcohol. I know the effects of alcohol as well as any man. I know the disagreeable effect it has on these predisposing causes of brain trouble; but what I want to say is that alcohol is not the great big factor in the cause of insanity. We must have these other things, and then alcohol is the developing influence, and not the first cause, because we have insanity in countries where they do not have alcohol at all.

CESAREAN SECTION, WITH REPORT OF A CASE.

Dr. B. Roswell Hubbard, Los Angeles, Cal.

The indications for the execution of a Cesarean section, as given by a prominent gynecologist, are noted under two heads, viz.: Absolute and relative. The utter impossibility for the child to be delivered as nature designed comes under the first or absolute head, and when the operative procedure is the choice between craniotomy, symphyseotomy or the use of forceps to bring about delivery, it is said to be relative.

The established rule that authorities have laid down for us to follow, says, Cesarean section is a legitimate operation and should be executed in all cases where the conjugate diameter of the pelvis is two and five-eighths inches with evidences present that the child is viable; and under two inches if life is extinct. These measurements establishes something of a basis to guide us in contemplating so serious an operation as Cesarean section in such an emergency, but for obvious reasons they are not strictly adhered to in practice, and to attempt to do so would be little short of criminal, because of the fact that cases of complicated labor are likely to be met

with where quick, surgical interference is demanded after other measures have failed to deliver the child.

In a case of labor, where the expulsive throes have been active for hours with no progress made in the descent of the presenting part, a digital examination of the pelvic outlet will determine, at once, whether there is a possibility of delivery *per vias naturales* by any of the procedures in general practice. The well informed medical attendant will not be governed in the course to be pursued by an eighth or a quarter of an inch measurement, but decides at once that the relative size of the head to that of the deformed pelvis will demand the adoption of surgical measures, the object of which is the saving of life for both mother and child.

The execution of Cesarean section is by no means limited to cases presenting an abnormally contracted pelvic outlet. Tumors located in the pelvic cavity, carcinoma of the cervix and rectum, complete placenta prævia, eclampsia with a rigid cervix undilated, and cicatricial contraction of the vaginal walls will justify the operation in marked cases. It is a critical instance in the professional service of the practitioner of medicine when he is brought face to face with an obstetrical emergency of this nature, and it is a source of great satisfaction to him if he has a thorough anatomical knowledge of the parts involved in the case before him and surgical skill and daring sufficient to execute the operative work.

While it is the rule to operate at the termination of the pregnant period, and at such time as the cervix is well dilated, circumstances connected with the pending ordeal should govern the time for executing the operative work. If the prospective mother can avail herself of hospital advantages during the last weeks of pregnancy, the customary rule may be adhered to. If she is denied this convenience, living remote from consultants and assistants, and with a full knowledge that a section will have to be done, complete preparation should be completed and the operation executed at the end of the pregnant period even though labor has not commenced.

Allusion is made in Professor Howe's writings to a *canon* of the Catholic church which avers that it is a murderous deed to take the life of an unborn and unbaptized infant by executing craniotomy, the infant having a soul to save as well as the mother; and says, "while this is religion and not science, it may be suggestive that in the enforcement of scientific methods the conscience may be consulted, there may be a better way; science advanced may save the lives of thousands of infants every year and seriously endanger the life of the mother, while the progress in that direction may be offered in evidence."

Before proceeding to the operation it should be determined, if possible, whether or not the child is alive; also the position it occupies in the uterus as well as that of the placenta. This is determined by palpation and auscultation. It is presumed that measurements of the pelvic and vaginal outlets have been previously estimated. If time allows, the patient should be prepared as for other abdominal operations, otherwise she must be

given such preparation as is generally followed in emergency cases of this character.

The instruments likely to be needed, which have been properly sterilized, are two scalpels, a good strong cutting pair of scissors, a half dozen artery forceps, thumb forceps, plain and chromicized catgut, silkworm gut, retractors, material for ligatures, two or three medium-sized hemostats, curved needles and needle holder, gauze sponges and pads, cotton bandages, and a roll of zinc oxide plaster two inches wide.

With the advantage of good light and able assistants, and the patient under an anesthetic, the Cesarean operation may be completed in twenty-five minutes where no complications are met with. If it has been decided to remove the ovaries in connection with the other work (and it is the writer's opinion this ought to be done in these abnormal pelvic cases), the time may be extended ten minutes longer.

The abdomen is now washed with a lysol or boro-glyceride solution and surrounded with sterile towels; and the vagina douched with the same solution and loosely packed with antiseptic gauze. The operator takes his position on one side of the table and his main assistant on the other side opposite him with the tray of instruments near at hand. A six to seven inch incision is made over the prominent part of the protuberance in the linea alba down to the peritoneum, which is picked up with mouse-tooth forceps and divided with the knife or scissors to the extent of the incision in the overlying muscular wall. It may be well to state that the abdominal incision should extend equidistant above and below the umbilicus in the majority of cases. If the uterus rests low, the incision should extend one-third above and two-thirds below the navel. With the knowledge that the uterine wall is very thin, care should be taken to not carelessly cut through it, and perhaps injure the child when making the abdominal incision.

Following the necessary exposure of the uterus, an assistant should press each side of the abdominal wall against the bulging organ and hold them in close contact with it while the child and secundines are removed through a median incision in the organ, extending from near the fundus to a point near the reflection of the vesical peritoneum. If this be properly done little, if any, of the uterine fluids will enter the abdominal cavity. If the center of the exposed portion of the uterus exhibits increased vascularity, thereby indicating the location of the placenta at that point, the incision in the uterus should be made to one side or the other of the median line, to avoid, if possible, cutting into the vascular organ. Should it happen, however, an active hemorrhage is likely to immediately follow in connection with a bulging into the incised opening, of portions of villi. In a case where wounding of the placenta can not be avoided the finger should be passed between it and the uterus to the nearest border and the amniotic membrane opened at that point, permitting the escape of the fluid, at the same time the operator should insert two or three fingers within the rent and pull the margins of the collaspsing sac into the uterine

Illustrating Dr. B. Roswell Hubbard's Article

incision where it can be enlarged sufficient to introduce the hand to grasp the feet of the child and quickly, but carefully, lift it from the uterine cavity. During the time this work is being executed the assistant should keep the sides of the abdominal wall pressed well against the gradually collapsing uterus. The delivery of the child is accomplished by the successive steps above mentioned in uncomplicated cases after the amnion is opened. The delivery is, usually, very readily accomplished, the exception being a protracted case of labor where the head of the child becomes impacted in the pelvic cavity and tightly held by the surrounding tissues. In such a case the operator should pass his hand over the body of the child to the neck which he grasps and makes traction while with the other hand he does the same by grasping the feet. Even adopting this method cases of head impaction will occasionally be met with that will require both tact and perseverance to extricate and deliver the child. Force applied upward through the vagina against the head with the fingers of the assistant at the same time that traction is made by the operator, will greatly aid in freeing the impacted head.

As soon as the child is delivered the cord should be tied or clamped and severed, and the child turned over to the nurse for such care as its immediate condition requires. The delivery of the placenta soon follows that of the child. If the uterine contractions are weak and insufficient to expel it, aid may be given by grasping and slightly twisting it until it loosens and comes away together with the blood clots and all of the attached membranes.

The exposed parts are next quickly sponged free of blood and other fluids with gauze sponges, and the uterine wound closed with deep interrupted silk or chromicized catgut sutures placed about one inch apart. This row of sutures may be reinforced by four or more superficial sutures if, for any reason, there is good cause to believe that sepsis is likely to follow the operation. It may be necessary to have an assistant lift up the uterus while the sutures are being placed, but the organ should be handled just as little as possible.

If blood clots and other fluids have escaped into the abdominal cavity it had better be flushed out with hot normal saline solution before closing the rent in the abdominal wall. If an elastic cord has been applied around the dependant portion of the womb to prevent active hemorrhage during the operative procedure, care should be taken to remove it before closing the abdominal wound, and to provide for ample drainage in a case likely to require it. An opening in Douglas' cul-de-sac should be made and a gauze drainage placed and retained for a day or two, when it should be removed through the vagina if no symptoms of infection supervene in the meantime. The abdominal incision should be closed with silkworm gut, each suture passing through all of the structures of the wall, including the peritoneum in cases where a collapsed condition of the patient demands haste, otherwise the peritoneum should be closed with fine chromicized catgut and the overlying structures with silkworm or fifteen-day catgut.

It is not necessary to place a rubber constricting cord around the dependent part of the uterus to prevent hemorrhage while executing the operative work. There may be a rush of blood when the uterine wall is incised, but it is quickly controlled after delivery of the child and secundines by bringing the cut surfaces together and firmly securing them with silkworm or chromicized catgut sutures, which should be placed about one inch apart, entering and emerging about three-eighths of an inch from the edge of the incision, and including all of the uterine structures except the decidua. The firm contraction of the uterine walls following the delivery of the uterine contents aids materially in the control of hemorrhage.

The after care of the patient will not differ from that accorded to other abdominal operations, but in addition the vaginal canal should be kept free from clots and lochial discharges by a daily douche of weak borax or permanganate solution. The bowels should be kept open to avoid rectal pressure against an enlarged and tender uterus, and complications must be cared for as they arise. Adhesions between the uterus and abdominal wall usually follow abdominal section which may occasion some pelvic uneasiness for a few months following the operative work, but generally eases up as time passes.

The following is the report of a case in which the writer was called in consultation about six years ago, wherein the maternal pelvic outlet was so small that the natural delivery of the child was impossible.

Mrs. S., whose picture, accompanied by that of her little daughter, is shown in connection with this paper, had been in labor eighteen hours with an able physician in attendance. Twice toward the latter end of this period the doctor administered chloroform and attempted to deliver the child with forceps, but failed to accomplish the object of his efforts, and the writer was sent for about 9:00 P. M. Upon examination I discovered that the pelvic outlet was abnormally small, likewise the vaginal canal; the latter being extremely hypersensitive, so much so that the patient exhibited marked symptoms of distress during the vaginal examination. With the patient thoroughly under chloroform anesthesia and the cervix well dilated, the Hodge forceps were, with some difficulty, introduced and applied to the presenting head and persistent effort made to deliver it, but without success; but without surprise, for from the first examination of the maternal parts a natural delivery of the child seemed in doubt. After a rest and consultation with the attending physician and husband, it was thought best to make one more effort to deliver with the forceps, and in case of failure the patient was to be taken to the hospital forthwith and Cesarean section done in an effort to save both mother and child. The second effort with the forceps proved as futile as did the first, so she was sent to the hospital, where a hasty preparation was made for the operative work. In ten minutes from the time the abdominal incision was made a husky girl baby was delivered, followed immediately by the secun-

dines. The uterine wound was next quickly closed with chromicized catgut, the abdominal cavity cleared of blood and other fluids with normal salt solution, followed by closing the abdominal incision with silkworm gut sutures, the entire operative procedure taking twenty-five minutes from the time the patient entered the operating room. The patient's recovery was uneventful, she leaving the hospital the twenty-first day.

The features of this case was a ten-pound baby, a large healthy mother, weight one hundred and seventy-five pounds, with an abnormal pelvic and vaginal outlet, the latter being extremely hypersensitive. The mother and the little maid are alive to-day, the former proud of her child, and the latter ready to sing her praises for the operation that saved her life, and will save the lives of others if made use of in time in cases that would otherwise be sacrificed to that murderous operation, craniotomy.

SURGICAL DIAGNOSIS AND TREATMENT OF TYPHOID PERFORATION.

J. Stewart Hagan, M.D., Cincinnati, Ohio.

This subject is of interest and importance to the general practitioner as well as the surgeon, for when we survey the field of surgery of the infectious diseases we must assign the first place of importance to typhoid fever, because of its many and varied surgical lesions. These lesions named in order of their importance are typhoid perforation, typhoid infection of the gall-bladder and its passages, typhoid appendicitis, typhoid pancreatitis, typhoid splenic abscess, typhoid osteitis and periostitis, typhoid spine, typhoid epidural abscess and several others of minor importance.

This wide distribution is more easily understood since the discovery of the bacillus of typhoid. Its presence in the blood in 85 to 90 per cent. of all the cases explains what otherwise could not be accounted for. The most serious and fatal complication is intestinal perforation. Estimates of its frequency differ, varying from ¼ of 1 to 11 per cent. Its relative frequency in mild and severe cases has not been established. It is more prevalent in cases occurring in northern latitudes. As a contributory cause may be mentioned intestinal parasites, unnecessary moving of the patient, vomiting and extreme peristalsis.

Perforation may occur at any stage of the disease, it has been observed as early as the sixth day and as late as the one hundredth day. The perforations are usually in the lower part of the ileum, the terminal three feet, where the greatest abundance of lymphoid tissue exists, this is important as it simplifies the finding and closing of the opening. We must bear in mind that they may be found in any part of the ileum, the jejunum, appendix, ascending, transverse or descending colon, sigmoid or in Meckel's diverticulum. Another fact of importance is that the opening is usually opposite the mesenteric attachment where the lymphoid tissue is abundant and the blood supply the least; this also has exceptions, in that it may occur between the layers of the mesentery, producing a slow forming

abscess, bulging into one loin or the other, this may be mistaken for a suppurating mesenteric gland.

Perforations may be single or several coexist. The immediate effect of perforation depends on the amount of gut content, size and situation of the opening, presence or absence of adhesions, activity of peristalsis, bacteriology, the treatment and resisting power of the patient. There may follow acute peritoneal sepsis, peritonitis with yellow purulent exudate, or a fibrinous purulent peritonitis (Mikulicz). Although more common in adults, and at the age most susceptible to typhoid poison, children are not exempt.

The signs and symptoms of perforation (typhoid) are the same as perforation of the bowel in other conditions modified to some extent by the existence of the specific disease. They are in typical cases, sudden, sharp, stabbing pain, referred to the lower part of the abdomen, usually in the right lower quadrant of the belly, in other words at the place where the perforation took place. If immediate escape of intestinal content occurs and the patient is not apathetic or delirious, the pain will be severe and continuous. They may scream and become violently restless. If on the other hand the escape of content is small or the perforation takes place slowly, so that adhesions are formed, the pain may be merely an expression of moderate peritoneal irritation and of course not severe. If the patient is dull and apathetic when the break takes place he may not complain at all.

Vomiting is a common symptom of typhoid and its occurrence alone has no diagnostic significance, but its conjunction with pain, sudden and severe, is of confirmatory value, especially so if the patient has not vomited before. After peritonitis is established one or several acts of vomiting is the rule.

Temperature may take a fall or a sudden rise. The old belief that a sudden fall of several degrees was of positive diagnostic value is not true, but that a sudden rise is more often the rule. There may be a sharp chill occurring with the perforation.

The characteristic typhoid pulse is low in comparison with the temperature. A temperature of 103° to 104° with no complications in typhoid we find a pulse of about 100 beats to the minute, when the perforation takes place the pulse jumps to 120-130-140 and in the absence of intestinal hemorrhage is suggestive of perforation. Respiration becomes rapid with the accelerated pulse rate, this is not of the costal type until peritonitis is fairly diffuse.

The characteristic pinched and leaden face of collapse is soon apparent and the patient looks decidedly ill. Tenderness, localized or general, is nearly always present. Unless the patient is tympanitic the characteristic flat, board-like abdomen is to be observed as in all cases of intestinal perforation.

Percussion is of no diagnostic value.

An examination of the blood I feel is of no real trustworthy value.

This statement I base on the result of investigations at the Royal Victoria Hospital, Montreal.

In making a differential diagnosis some interesting phases are to be considered. In intestinal hemorrhage we may have collapse as in perforation, in the former blood is passed per rectum within an hour or two. The pain, abdominal rigidity and tenderness is absent in hemorrhage. The two conditions may coexist, then no differential diagnosis is needed as operation is demanded without regard to the hemorrhage.

In appendicitis (typhoid) the onset is less sudden, the point of tenderness is typical and in either case operation is indicated.

Peritonitis may occur in typhoid from other causes. Mesenteric glands may suppurate and rupture, the signs of peritonitis are present and operation is indicated.

Acute inflammation of the tubes and ovaries can be differentiated from perforation by combined abdominal and vaginal examination.

Acute inflammation of the gall-bladder and ducts often occur as a complication of typhoid, they are differentiated by the location of the pain and tenderness in the region of the gall-bladder, presence of distended gall-bladder, and sometimes jaundice.

Practically all cases of typhoid perforation untreated surgically are fatal. An isolated case here and there may recover or go on only to be incised as an abscess.

Twenty-five per cent. or more of all cases of perforation can be saved by immediate operation. There is no question that some cases are very unfavorable risks. The patient is reduced by typhoid intoxication, hemorrhages, or pneumonias so that the thread of life is indeed feeble. Nothing can be gained by delay after diagnosis.

The question of treatment brings before us, first the selection of the anesthesia, local or general. Personally I favor the general, because it permits of wide exploration which is often very necessary. The operation is not usually a prolonged one and the general impression is that typhoid patients do not suffer from a short general anesthesia. I prefer the use of ether as it is a powerful heart stimulant.

The incision is made in the median line or slightly to the right through the right rectus muscle. The perforation is located and closed by suture, purse-string, and re-enforced by a mattress suture. The exact method of suturing is not material to the success of the operation. A turning in of the edges of perforation and bringing together of the serous coats is enough in most cases. Where the ulceration is so large that the turning in of the edges of the epening may interfere with the lumen of the bowel, the attaching of the omentum over the weakened area will shorten and simplify what would otherwise be a long and tedious procedure.

The making of the toilet of the peritoneum is a subject upon which there is a great difference of opinion. Some wash out the cavity with sterilized salt solution. This sounds good and looks good but is not in my

opinion good practice. Some wipe out carefully the cavity with moistened gauze, and all with few exceptions agree that free drainage is one important factor in the success of the operation. This is accomplished by the tube or cigarette drain or both. Trauma is no doubt a great factor in the spread of infection, so that as little handling, washing, and wiping of the bowel obtains the best result.

DISCUSSION.

DR. HUFNAIL: I suppose this refers mostly to hospital work?

DR. HAGEN: Not entirely, because very few typhoid fever cases occur in the hospital.

DR. HUFNAIL: Where do you take them?

DR. HAGAN: To the hospitals.

DR. CARRINER: Have these operative cases been in your own practice, your own personal patients?

DR. E. B. SHEWMAN: The question of drainage is particularly interesting, and the difference of opinion, especially in this class of cases, as well as other cases in which we have to deal with fecal contents into the abdominal cavity, is rather interesting. I will say candidly that I am not an advocate of washing the abdominal cavity with a normal saline solution, remembering that there is no membrane that has as much absorbent area as the peritoneum. If you put a salt solution into the abdominal cavity you will disseminate this localized infection over a wide area that is constantly moving on account of the peristaltic action of the bowels. Therefore we have a large percentage of cases followed by active peritonitis. The better way and the accepted method is by thorough drainage. I simply sponge these cases out, clean them out, and drain them. Within the past six months I have been using sulphuric ether, putting as much as three ounces into the abdominal cavity and sponging it out. I find that these cases have cleared up after using this with very little drainage. Just at the present time I have not quite reached the point where I feel safe in putting three or four ounces into the abdominal cavity and leaving it there, as they do in Chicago. But I have had some very good results from the use of sulphuric ether in the abdominal cavity.

DR. HAGEN (closing): Answering the first question, I live in the city, and most of my typhoid cases are within a close radius of Cincinnati, where they can be picked up readily and brought to the hospital and operated upon.

I have no practice other than surgical, so these cases occurred in other doctor's practice and I did the surgical work, and assisted possibly in making the diagnosis of a few.

As Dr. Shewman has said, you must be careful about the peritoneal membrane. You know if you put a normal salt solution into the abdominal cavity and wash it out, launder the bowel as it were, you simply spread the infection over a greater area; whereas, if you mop out the gut—the operation is short—and put in plenty of drainage, and you avoid this.

The peculiar thing is that you men who treat typhoid do not care to discuss it. I know you have perforations, and some of them must die, and so I should think you would be ready and willing to discuss the subject. I am sorry you have not.

SPECIALIST VS. PRACTITIONER.

R. O. Braswell, M.D., Fort Worth, Texas.

Under the title of specialist we include the eye, ear, nose and throat specialist; gynecology specialist; rectum specialist; stomach specialist; surgeons, and all others who make a specialty of any one particular branch of science. Under the title, practitioner, we include those who devote their time and talent to general work, from a medical standpoint, or in other words, they are medicine men.

A great many problems confront us from time to time relative to our relations to each other as a body of professional men. The greatest problem to be solved in this decade is the relationship existing between the practitioner and the specialist. The same standard from a legal standpoint applies to both alike. This should not be, but inasmuch as it does apply, and the condition exists, we are forced to approach the situation as it is, and not as it should be. We believe that a higher standard should apply to the specialist than to the practitioner. We believe that a different license should be granted to the specialist when he has reached the point in his professional attainments and qualifications which will enable him to stand an examination upon the particular branch of science selected for his specialization; and we further believe that no man should be allowed to pose as a specialist without first having qualified himself for that particular line of work. If this standard applied in this age, a great many specialists who claim to be proficient would be forced to either qualify or to drift back into a general line of work.

We do not mean to cast a reflection on the qualifications of the general practitioner, for we are convinced that it takes more brain and talent and knowledge to be a general man than it does to specialize on one particular branch. Too little stress has been laid in recent years on the importance of the man in general work, whose duties are varied and numerous and whose talent and knowledge must cover a greater scope than that of the specialist.

Looking over the field carefully, you doubtless will come to the conclusion that the practitioner has hardly had a square deal from the specialist. The financial advantages offered the specialist appeals to the cupidity of most doctors and this influence has caused many men to drift into special lines who are better adapted to general work. It is our opinion that a man can not be proficient and render the best service in special lines unless he has been proficient enough to master the general work.

In recent years the tendency has been for young men, without experience and with but little education, to undertake to leap from the rostrum of graduation into special lines for which they are not prepared. It is a common occurrence in this locality, and in all others, to my knowledge, for a young man just out of college to undertake and attempt to do abdominal surgery, or other equally important major work, without the least qualification or preparation for doing this class of work. This appears to me to be reckless and dangerous. Certainly this course is not the best

for the people, and most assuredly it is not best for the profession, and last, but not least, it is disastrous to the character and the conscience of the young man who would, for the sake of the paltry coppers and dimes that might fall into his unholy coffers, pose as a specialist and assume a dignity that is not his and a virtue which he does not possess. This condition of affairs is brought about largely by the selfishness of the specialist. The practitioner is at a disadvantage when surrounded by specialists. He is whittled and shaved on every side by the specialist until there is little left to support and sustain him, when the specialists are through. The surgeon must take his business from the practitioner. The eye, ear, nose and throat men gather together the crumbs that fall from the table of the practitioner; so it is true that all lines of specialists suck the blood of the man in general work. Then, he is to be considered in a different phase from the one in which he is now placed. There are but two solutions to this problem. The one most likely to take place is for the specialist to be a specialist no longer, but to become a general man, carrying with him both general and special lines.

The colleges throughout the country are turning out more proficient men each year, who have had a better training than those of us who finished our medical course many years ago. They are better qualified than were we, and it is easier for them to grasp the situation than it has been for us. Then it may be that this is the proper solution to the problem, but, personally, we do not believe that it is. We believe that it is necessary for men to specialize and for them to master only one branch of the healing art. We are convinced that when a man has mastered one branch, his life is filled to the brim and will have the earmarks of efficient service rendered to an afflicted public.

It is nevertheless true that the day of the big man in the profession is past. The last lingering ray of the setting sun of all America's great men is now casting its dim light on the hilltop of achievements that have flown to oblivion and are now but a matter of fact history tabulated on the milestones that are past. It takes but a glance to realize that this is true, and we believe that this course is better for the people, as it has a tendency to hold in check the ambitions of men; for ambition running wild is a dangerous thing, and should be held in check by conservatism and a wide-awake conscience. If we can reach the conclusion that our professional life is a duty, and not a business career, we may then be in a position to serve the people better and be a greater credit to our profession. If the big men in the profession would be more tolerant and not try to crowd out the little men, the life of the big man would be prolonged and the life of the little man would be more useful.

If the specialists expect to live and thrive and profit in the future as they have in the past, it will be necessary for them to change their attitude toward the general practitioner. Either the specialists are going to be eliminated from the profession or the present tendencies will undergo a change. We believe the proper solution of the relations existing between

the specialist and the practitioner is for the specialist to take into his confidence and work the family physician. We see no reason why a specialist should divorce the family physician from the case. He is better prepared to give the history, which is very important, of the case than any one. It also happens that as a rule the family physician makes the diagnosis, then when it becomes necessary for him to refer the case to a specialist, he loses out of the case entirely and is divorced from it and has nothing more to do with it, as it is in the hands of the specialist, who manages the case solely by himself. It appears to me that the family physician should be retained in the case throughout its course of treatment or operative procedure. This, I am sure, would be more satisfactory to the people, as they know and love the family physician better than they do the specialist. The people have confidence in the man who has stood by them and administered to their wants and relieved their aches and pains, and on all occasions mitigated their sufferings through all the years of their family life. It is but natural that they would learn to love and trust this faithful soldier who has stood in the front ranks and has fought the adversary (disease and death) from the door and sanctuary of their home, and when the trying hour comes when it is necessary for the family physician to call in a specialist who is not known to the family, it appears to be a rather cold-blooded, unsympathetic course to pursue in taking them away from the family physician and placing them in a hospital among strangers and shutting the doors in the face of the family physician, whose love and sympathy lingers on the threshold, while only the stranger enters into the sacred chambers of their lives and becomes familiar with the secrets and misfortunes that have overtaken and shrouded their lives in gloom.

Should the family physician be retained in the case it will be more satisfactory to the people, to the family physician, and should be to the specialist. There is but one difficulty that I see in this arrangement, and that is that it would necessarily cut down the income of the specialist, inasmuch as there would be two fees to pay instead of one. The family physician should be paid for his services to the amount of service rendered. Also the specialist should be paid for his services in proportion to the amount of service rendered. The people will not object to paying each one their individual bills when placed in the proper light before them. It is a certain fact that a man who is not willing to pay his family physician for services rendered, will not pay the specialist. Placed upon an equitable scale to both the family physician and the specialist, and the people, there can be no objection to a reasonable man of an arrangement of this kind. This plan will minimize the commercialism now running rant in our profession. It is impossible to eliminate financial considerations from our work, therefore it becomes necessary to place a financial interest on a higher plane to be distributed justly according to the amount of service rendered. Retaining the family physician in the case will serve as a balance-wheel in charging patients according to their ability to pay.

The family physician is in a position to know the circumstances of the people and can better judge their ability to pay a specific and specified sum for services. There is no such thing as setting a definite price on work, for it becomes necessary, yea imperative, for each and all of us to render the greatest skill and the most difficult performances of our duty, oftentimes to those who are least able to pay, and in many instances, not able to pay at all. Then when a genuine charity case falls into the hands of the specialist, the family physician will be in position to know the merits of the case, and he alone can weed out the worthy and the unworthy from the charity list.

We believe that it is the intention of every conscientious physician who has the spirit in his work to give his services to those who are unable to pay, but we also know that oftentimes we are imposed upon by imposters who take advantage of the situation by knowing that we do not know and have no way to ascertain their true financial condition. But the family physician who has known the people for many years can arrive at a just conclusion relative to the merits and demerits of each and every case. It has been my observation that the family physician is interested in the welfare of his people, both as to their health and their finances; as it has often been the experience of all who do special work to have the family physician appeal to the specialist to be as lenient as possible in his charges; at the same time explaining the financial condition of the people. There is no doubt but what the specialist will be eliminated from the grand march of the profession unless some satisfactory arrangement can be made to utilize and retain the services of the family physician.

In recent years little hospitals have sprung up all over the country where all classes of operations are done and special work in all lines is attempted. Furthermore, it has been our observation that a great deal of special and surgical work is being done throughout the country in homes, and, in many instances, by the inexperienced and unqualified physician. The tendency is for the family physician to keep the people away from the specialist. This tendency serves as an injustice to the people and woefully cripples the work of the specialist. The only solution we see to the problem is to bring the specialist and the practitioner in closer relationship to each other, that the people may profit by the best service that can be rendered by a combination of the two.

TWO YEARS OBSTETRICAL EXPERIENCE IN GENERAL PRACTICE.

Richard J. Lambert, M.D., St. Charles, Ill.

I do not expect to record anything new or startling in this paper, but do hope to stimulate an interest in a number of my hearers to keep a closer record in their work, both in the action of drugs used and also in all their other work. We so very often see the announcement following some tables of statistics as, "Observed in ——— hospital," and the statement following that the statistics would be different if in general practice.

We also see the statement made that the only knowledge we have of such a drug's action is empirical and not based on authoritative observation, if we had a close record that had been kept by several different observers, that would be something to be relied upon.

I have always kept a very close record of all my obstetrical cases, so I am just going to report the records of the last two years. It is not remarkable in numbers, as I live too near Chicago (the hotbed of abortionists), and I do not specialize in obstetrical work, only attending to the cases that come to me in the regular course of a general practitioner's work.

My record is of the cases handled since March 1, 1912, to March 1, 1914. My records show that I attended 123 cases of labor in the twenty-four months, or a little over five cases a month. Of the 123 cases 42 were primipara, 32 were second, 26 were the third and 6 were fourth; 4 were the fifth and 6 were sixth, 2 were seventh, 2 were the eigthth and one was the ninth, with two sets of twins, one being in a primipara; the other being the second confinement.

The ages of the mother varied from 17 to 43 years; of the primipara from 17 to 38 years old. I have confined 2 primipara at 38 with no special difficulty except the use of forceps. One woman was confined at 17, six at the age of 18, three at 19, three at 20, six at 22, three at 23, six at 25, three at 26, one at 27, five at 28, one at 29, one at 30, one at 32, two at 38. Showing according to my small record that the most popular age to have the first baby is 18, 22, 25 and 28 years of age, 21 and 24 seem to be very unpopular.

The average weight of the primipara babies was 7¾ pounds; the average weight of all the babies was 7¾ pounds.

Sixty-five babies were born at night and fifty-eight were born during the day. Of these twenty-two were born before midnight and forty-three after midnight, and thirty before noon and twenty-eight after noon, showing that the cases are fairly evenly divided between day and night, but more are born after midnight than are born before. Two primipara had been married eight and nine years respectively before being confined and conceived soon after having a dilatation of the cervix and vaginal tampon treatments.

There were 58 right occipitoanterior presentations; 45 left occipitoanterior presentations; 2 right occipitoposterior, 2 left occipitoposterior presentations, 4 breech presentations, one brow presentation and 10 precipitate delivery, or born before my arrival. There were 26 with a cord around the neck (two, twice). One case had the cord around the head and also around the shoulders. I had 2 premature or 7 months cases (one born dead, the other living two days). There were 2 cases of twins. One was complicated, being locked with breech presenting first and the second head (one placenta and two cords). The second case of twins had two separate placentas and two cords. One case presented the left hand,

left foot, and cord. I had two cases of spini bifida, one complicated with hydrocephalus. I performed version five times, one to cephalic and four to podalic. Two cases the cord broke while trying to remove it from the neck. One cord was very thick and over three feet long.

I used the high forceps in sixteen cases and the low in four cases. In three cases the forceps slipped and would not hold, and had to perform version in one case to deliver, after trying three pair of forceps and having three different doctors attempt delivery. Two cases of placental adhesions required delivery with forceps. Two cases of adherent placenta finally delivered by Crede's method. One case had a complete uterine prolapse at the third to the fourth month and was treated by rest in bed with replacement and astringent douches and tampons, but was delivered at term without especial trouble. One case had such a large goiter that she could not get her breath when she was lying down and the legs were very edematous, almost twice their normal size. The edema all left after delivery and the goiter reduced over one-half in size. I had one case of puerperal eclampsia occurring on the ninth day after delivery with complete recovery under the use of veratrum and apocynum with saline laxatives. There were three cases where the baby was born with the membranes covering the face, or with a cowl. There were three cases giving a history of a very heavy hemorrhage antepartum, one to four months. One case gave birth to a premature (seven months) and one to a still born, the other case the liquid amnii was thick and dark colored, but the child was all right and normal. Also three cases of a history of severe pain and heavy discharge of the liquor amnii two to three weeks before delivery. I had six cases of post-partum hemorrhage controlled with ergot, quinine and Crede's method. One post-partum hemorrhage occurred two and one-half hours after delivery (a forceps and a hard case). I had five cases of cord hemorrhage occurring some time after the delivery and dressing of the baby and cord.

There were twenty-eight cases of perineal lacerations requiring immediate attention. They were all repaired at the time of confinement with very good results. At least ten of the lacerations were made by the shoulders. One case of puerperal insanity developing the ninth day after delivery, recovered within three months under treatment. This patient had gravidarum hyperemesis very bad with an ulcerated cervix at the second to fourth months. Three cases of puerperal infection with one death (a case that the neighbors delivered, then called the doctor). Recoveries were satisfactory in other two cases. The first gave a history of chronic anemia; the second case was tubercular; third case had been ill before. Fifteen cases of dry birth, due either to an early rupture of the membranes or a deficient supply of liquor amnii.

I found vernix caseosa very abundant in the majority of cases that were protracted labors, leading me to think that it has some effect in prolonging labor. The cases where there was plenty of fluid and the mem-

branes did not rupture until only a short time before delivery were usually clean babies. This holds true especially with the primipara. In multipara I found vernix caseosa quite abundant in normal easy births.

I lost three babies just after birth, besides the two premature births. One was due to defective structure, there being no opening into the posterior nares, the soft palate was grown fast to the pharynx, the child giving only a few gasps for air which gasps became farther apart and weaker despite all methods employed at resuscitation. One child died from asphyxia due to prolapsed cord and the pressure of head shutting off the circulation during delivery. One child died five hours after birth from bruises, cuts and exhaustion experienced during delivery. This was one of the hardest cases I ever had to deliver. The mother had a severe hemorrhage eight days previous to delivery with continued pain during the entire eight days, and no dilatation of the cervix. The membrane ruptured five hours before delivery with very little fluid. I had to dilate the cervix forcibly and use high forceps, as the mother was exhausted and there was complete uterine inertia.

I lost no mothers at the time of confinement, but one died four weeks after confinement from infection. Most all recuperated rapidly, and my rule is to keep the mothers in bed from ten days to two weeks, yet some will not obey orders and I had three or four suffer after-effects from getting out of bed too early. Two cases developed chills with a rise in temperature, on the eighth and ninth day following confinement.

Out of the 123 cases, I find 55 were male and 68 were female babies. The male children averaged eight pounds and the female seven and one-half, so I found more females born than male. The males are usually a little larger. I had four cases with a bad vesicocele and protrusion of the anterior vaginal wall, so much so as to interfere with delivery.

A summary of the past two year's work leads me to believe that a physician can not do justice to the patient nor to himself unless he makes a reasonable charge for the services rendered. The time required to attend a case and the knowledge and experience of a physician with his efficiency should require at least a minimum charge of $25.00, and all charges should include after calls and care until the patient is out of bed and in a normal condition. It may only require two or three calls, or as many as ten or twelve. But it should be enough to see that the patient is doing well and out of danger. I consider an obstetrical case more serious than a number of the major operations. I always see my patient for two or three days after confinement and then again on the ninth or tenth day, then do not dismiss the case until the patient has called at my office for final examination about six weeks or two months after the confinement, when I report to her her condition and instruct her as to the future care of herself so that she may continue the noble work of motherhood. So many cases drift into the hands of the gynecologist because of the lack of care at the time and following confinement. Very often the

patients get out of bed too early, they feel too good, seem to be all right, but they are laying the foundation for troubles later in life; they are shortening their lives. It is true a few have no ill effects, but it is only a few.

A physician to do justice to his obstetrical work should devote a good deal of time to each patient before, during, and after the confinement. He will not find two cases to be cared for exactly alike and can not lay down any hard and fast rule, but must advise in every way possible. Examine the urine often. Give attention to the mother's habits, diet, breasts, etc. If necessary, give the indicated medicine before confinement, make childbirth as easy as possible. At the time you are called, do not put off seeing the patient until you think you must be there or you can not collect your fee, but go promptly, do what you can to make the expectant mother comfortable. Look after the bed, see that it is sanitary, assist the patient during her pains, let her take the position she prefers, use perineal pads, it often makes a patient grateful to you. Have patience, be willing to be abused if necessary, or to be thanked for the little help you render. If necessary use medicine to relax the cervix, use a little chloroform if needed. I do not like the complete anesthesia, as it often has bad after-effects and you do not get the patient's help if you should have a hemorrhage following chloroform.

I hope I have stimulated a little interest in this very important matter of keeping a close record of our work, and keeping it in such a shape that we can present it to our co-workers from time to time, so as to build up our profession and help each of us to aid the sick.

Before the section on public health of the American Medical Association, at its recent Atlantic City meeting, experts asserted that tuberculosis was due to poverty in a great percentage of cases. Dr. S. C. Knopf, of the New York Bureau of Health, said: "Unless we have more humanity and social justice, tuberculosis will continue to be the cause of poverty. A class of the seemingly unfit is being created by rules which require physical examination for employment. To care for this large army, we must take on ourselves some responsibility. Obligatory insurance for the sick and aged, similar to that of Germany, must be taken up by the State. The other step I would propose is that of establishing industrial colonies where these unfortunates can be cared for and taught some useful employment." The suggestion was amplified by Dr. Woods Hutchinson, of New York, who said: "Public insurance is only a question of time. We should prepare the way for it by getting a body of facts, so that we shall have something practical to suggest when the time comes. Let young physicians be permitted to take families and treat them for a year and eliminate the expense." He asked for the appointment of a committee to look into this matter and make a report to the section next year.

The National Eclectic Medical Association
QUARTERLY

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ON TO VICTORY.

To the Officers and Members of the National Eclectic Medical Association:

One of the immortal leaders in the fierce conflict of the Civil War selected the following as his motto: "We will fight it out on this line if it takes all summer." Another motto that cheered the valiant soldiers, who dared to do "when doing meant to die," was: "On to Richmond."

Brother Eclectics, members of the most glorious profession, followers of the most rational and only true system of therapeutics, we, too, will fight it out on the line, no matter how long it will take, no matter what obstacles may be in our way, no matter what difficulties we may have to overcome, no matter what forces will oppose us, we will fight it out, till the pure banner of Eclecticism shall be seen floating over all medical colleges in every State of this country. This is not merely a dream, it is a glorious vision, one that will be realized if we only stand together shoulder to shoulder. In union there is strength, and if united in heart and purpose, aggressive and earnest, presenting a solid front, who will be able to withstand our onward march? No one. Victory is bound to come. Brothers, each and every one of you has a duty to perform this year. Work and work hard in your local and in your State society, attend the meetings regularly, and make it your duty, make it a solemn obligation, to obtain and enroll at least one new Eclectic into your local society, and thereby into the National. Help me double the membership of the National during this year.

Our slogan for the present is: "On to San Francisco one thousand delegates strong." Let us all try to make this next meeting of the National the most glorious, the greatest in the history of our Association! I am going to work hard for the National and for Eclecticism. Brother, will you give me a helping hand? It depends on all of you together, and on each and every one of us individually as to what our nevt meeting will be.

The future of Eclecticism depends on the successful meetings of the National. Begin now to plan for the great "Frisco Meeting," neither you nor I can afford to miss it.

"Vivat, crescat, floreat," The National, may it live, grow and flourish.

THEODORE DAVIS ADLERMAN.

GET TOGETHER.

The most important need of all Eclectic physicians to-day, is to get together into one united body. It matters little what your individual opinion may be in regard to certain things, or questions affecting us, no matter how you consider the problems confronting us, the final conclusion you must arrive at, if you reason right, is that all Eclectics *must get together.* Unless this is done, and done quickly, it will become a question of the very existence of Eclecticism in this country. There is no use whatever in evading the question, no use in side-stepping this issue, no use in postponing the solution of this problem. It must be solved now, it must receive the attention of each and every individual member of the National.

To-day we have a good strong body in the National, but it must be increased in numbers, so that it can spread its influence in every State. Doctor, it is up to you, will you lend me a helping hand and bring in at least one new member into your State society this year? Increase the number of members in your State society, and you will be surprised at the amount of influence the National will exercise in this country in all matters pertaining to your welfare. Who will help me double the membership in the National? ADLERMAN.

THE NATIONAL.

Another milestone has passed in the history of our school and with it the pleasures and disappointments incident to an annual gathering of any description. The attendance, whilst good, was not as large as it should have been. Kentucky, West Virginia, Kansas and Illinois should have been more largely represented. The attendance from Missouri was somewhat disappointing also. The roll call by States show they were well represented, but by not as many representatives as there should have been.

The meeting was characterized by good feeling and harmony. Everything moved along smoothly and in order. Whilst our State and National organizations have as large a membership proportionately as similar organizations, yet it is not by any means what it should be. Three years' experience as an organizer have convinced me that three things are necessary to success. First, an efficient State secretary; second, more active interest on the part of the individual members; third, personal work by the membership. Urge your brother practitioner and colleagues to join. Is there anything to be gained from membership? Not much financially, it is true, but socially and politically there is. Yesterday's mail brought

me a letter from Michigan in which the State secretary informed me that one of our men there desiring reciprocity asked him to sign his application, certifying to his membership in the State society. Yet, notwithstanding all solicitations, he has positively refused to join the society. Is this morally or ethically right? No! Not by any means. A dozen or two true Eclectics have maintained an organization in Michigan and this man has refused to contribute his share of the burden, yet he now has impudence to ask the State society to endorse him before the Board of Registration. The secretary should refuse. I have had the same thing happen to me, not only for reciprocity, but for endorsement to insurance companies.

Again, you obtain recognition on the Board of Registration and Examination by reason of your society. Yet some men purporting to represent us do not affiliate either with the State or National. Such men should be reported to their respective governors and their disloyalty and misrepresentation shown. It is a misrepresentation and actual duplicity to feign to represent Eclecticism and still not to affiliate with its organizations. Some have claimed they did not get their appointment by such means. That is again a falsehood, for that is why they were appointed and ostensibly they are presumed to represent the school and are so registered by the board itself. It is a rank case of *misrepresentation.*

Once again we need harmony and good feeling among the members. We have no room and our numbers are too small for bickerings and jealousies. Nothing so detracts from the interest and injures an association as much as jealousies and internal dissensions.

Let us get to work the coming year and see what can be done in the matter of organization. Let *each one* work. A personal canvass is what is needed. M.

ON TO SAN FRANCISCO.

The injunction of Horace Greely "to go West, young man and grow up with the country," will scarcely do now. Westward the Empire has developed and grown. Slowly but surely the center of population of the Nation has gone westward and each census pushes it farther in that direction.

A vast country lies west of the Mississippi, no longer awaiting the pioneer and settler, but dotted with cities and hamlets and homes. A wonderful country lies along the Pacific Coast, and to one who has never visited this region, or who has visited it, for one can scarce comprehend it in one visit, the opportunity will present itself for a visit to this region at our coming National meeting. It is too early to estimate on routes or rates. These will be published as we learn them, but we will give this advice, prepare now for a visit to the Golden Gate in 1915. It will repay you abundantly.

The rates from the western gateways have been fixed. Over the

Missouri Pacific, which includes the Scenic Rio Grande and Western, the round trip from Chicago is $62.50, from St. Louis, $57.50. These tickets permit one to return by any direct route and have a ninety-day limit with stopover privileges. This permits one to return by any way desired. If one desires to return by the way of the Canadian Pacific the additional fare will be approximately $19.00, returning by way of Seattle; or if one desires to go by water to Los Angeles and return over the Santa Fe or Southern Pacific, the steamer fare will be $4.00, which includes meals and berth.

Can we not arrange for a car load or train load to start from St. Louis? Go direct and return anyway desired. Come, doctor, let us see what our country possesses. M.

ORGANIZATION.

The value of an organized effort is potent by the action of physicians in registering their objections to the Harrison Anti-Narcotic Bill, as amended in the United States Senate. There was a huge joker in the amendment, and the men appointed by the societies to watch legislation saw it and immediately notified the members in the several States of its presence and urged them to appeal to their respective senators and representatives. This was done at the expense not of the organization, but at the expense of the individual representatives. The result of the activity of these men is an amendment offered by Senator Pomerene, of Ohio, pulling the sting out of the original amendment and safeguarding the interests of the physician. The Pomerene amendment as reported in the newspapers reads as follows: "Provided, further, that this act shall not apply to physicians and surgeons regularly licensed to practice their profession in the State, territory or district where they reside, who may prescribe, dispense or administer said drugs in good faith, nor to nurses or attendants who may dispense or administer in good faith said drugs under the direction of a physician or surgeon regularly licensed and giving in good faith as aforesaid."

This amendment is in response to the representations of physicians who have willingly and faithfully worked in the interests of the profession and with no hope of a recompense for their time and money expended. When they work for their own interests they must of necessity work for the entire profession. Such being the case, why do so many physicians refuse to contribute their mite toward the maintenance of an organization that has for one of its objects the preservation and maintenance of your rights as a physician? If you will *not* do this work yourself, help those morally and finanacially who will sacrifice both their time and money to assist *you*.

M.

COMMON SENSE.

This is the title of an editorial appearing in the New York *Medical Journal* of July 11, 1914. It is based upon an article by Dr. W. C. Rucker

appearing in *Public Health Reports* for March 20. There is abundant room for the use of common sense not only in health matters but in medical as well. The constant agitation by health boards, woman's clubs, so-called eugenists, anti-tuberculosis leagues, social reform leagues and clubs have so overwhelmed the people with laws and restrictions that we hardly know where we are. Many of the quarantine regulations and restrictions are absolutely harsh and unreasonable in their demands, entailing a hardship upon the sufferers.

In cases of quarantine for scarlatina and diphtheria when administered by indifferent or overzealous officials, we have witnessed actual suffering. Many of the legal enactments and rulings of State Boards relating to tuberculosis as adopted by some of the Southern States lack common sense and engender in the laity an unwholesome fear. I am not so sure, but this statement is true with all infectious diseases.

The profession and laity are exhibiting a condition bordering upon a mania regarding infection and contagion. We wonder when we read the rulings and legal enactments regarding health matters and its ramifications how we have ever survived the drinking from the "moss-covered bucket," "the spring," and other sincere pleasures of our boyhood days.

More real good can be accomplished regarding health matters by less legislation affecting the privileges of the afflicted and more aimed toward the wealthy aristocrat who is responsible for the poor housing conditions, unsanitary surroundings, filth and poverty which is attendant with many of the diseases against which we direct these laws. In other words, direct the remedy to the cause and not the effect or result. M.

NOTES AND NEWS.

Arkansas.

Dr. A. C. Prichard has moved to Hot Springs.

California.

J. Park Dougall has returned from post-graduate study in England and has opened an office at 424 South Broadway, Los Angeles.

The Southern California Eclectic Medical Association held its eighteenth annual meeting conjointly with the Los Angeles County Society, May 5, 1914. Papers were read by Drs. Roath, Baird, Welbourn, Conrad and Young. The officers elected for the ensuing year were: President, Dr. O. C. Darling, Riverside; vice-president, Dr. J. Fraser Barbrick, Los Angeles; secretary, Dr. H. C. Smith, Los Angeles; treasurer, Dr. J. A. Munk, Los Angeles.

Dr. Lewis P. Crutcher is located at 415 Bank Building, Long Beach.

The commencement exercises of the California Eclectic Medical College were held Wednesday evening, June 3, at Blanchard Hall, Los Angeles. Fourteen graduates received degrees. The prospects of the school for the coming year are flattering.

Dr. H. R. Evans will open an office at Euclid and Stephenson Avenue, Los Angeles.

Dr. W. E. South will locate at Whittier.

Dr. T. C. Schneerer, formerly of Ohio, has opened an office in the Ferguson Building, Third and Hill Streets, Los Angeles.

Dr. C. N. Misher has removed from Kinsley, Kansas, to Santa Ana.

The secretary of the State Board of Health has requested the surgeon-general of the United States Public Health Service to take such action as might be necessary to prevent the introduction of *Stegomyia calopus* into the State. It is believed that the chief source of danger of entry of the yellow-fever mosquito is from Texas and Mexico by way of the railroad trains coming from those sections. The surgeon-general replied that the matter had been referred to Dr. Thos. R. Crowder, superintendent of sanitation of the Pullman Company, for an opinion as to the best method of handling the problem.

Connecticut.

At its spring meeting, May 29, the General Education Board (Rockefeller Foundation) gave $500,000 to the Yale Medical School on condition that the school procure complete teaching and medical control of the New Haven Hospital and that the teachers in the main clinical branches be placed on the full-time or university basis.

The Connecticut Colony for Epileptics at Marsfield opened for the reception of patients, May 15. The colony is located on a tract of land 500 acres in extent on the summit of a slope overlooking the Willimantic River, and will have accommodation for eighty patients and the necessary attendants and workmen. Dr. Donald L. Ross has been in charge of the construction, and will be superintendent of the institution. Dr. Max Mailhouse, New Haven, is president, and Dr. John H. Mountain, Middletown, vice-president, of the Board of Trustees of the institution.

Georgia.

The annual commencement of the Georgia College of Eclectic Medicine and Surgery was held at the Atlanta Theater, May 28. Twenty-one graduates received their degree.

Illinois.

The Illinois State meeting was held in Chicago, May 13 to 15. Conjoint sessions were held with the State Homeopathic Society, as well as a conjoint banquet. Officers elected for the coming year are: President, Thomas Owings, M.D., Hinckly; first vice-president, John P. Bennett, M.D., Chicago; second vice-president, Oscar J. Brown, M.D., DeKalb; secretary, Geo. O. Hulick, M.D., East St. Louis; corresponding secretary, Harry F. Killene, M.D., East St. Louis; treasurer, James E. Connett, M.D., Lawrenceville.

According to the statement of Frank D. Whipp, fiscal supervisor, State Board of Administration, the total expense of caring for the 20,000 inmates of the various State institutions for the year ended June 30, 1913, was

$4,445,815.93. Of this amount, $3,395,012.40 was for ordinary operating expenses, and $1,050,803.53 was for the upkeep of buildings and plants, the erection of new buildings and for permanent improvements. The largest item was for salaries, $1,492,853.75, which includes the wages of all employes. For medical supplies the sum expended was $46,041.11. After deducting amounts paid to the State by relatives of inmates for support, sale of farm products and other income not from the State treasury, the average net per capita cost of maintenance of the inmates of all classes of institutions was $158.37. The average net per capita cost of maintaining the insane was $142.24; feeble-minded, $156.09; deaf, $314.15; blind, $308.09; industrial home for the blind, $303.56; Soldiers' Home, $157.87; Soldiers' Widows' Home, $373.32; Soldiers' Orphans' Home, $261.56; Eye and Ear Infirmary, $273.77; school for girls, $199.30, and for inmates of the boys' school, $258.05.

Dr. D. Winton Dunn, formerly mayor of Duquoin, was shot six times by a coal miner, June 6, and died as a result of his wounds while being taken to a hospital in St. Louis. The murderer is said to have stated his reason for the act was he owed Dr. Dunn a bill for professional services, and that Dr. Dunn had refused to make further calls until the bill was paid.

Iowa.

L. L. Moench has moved from Montieth to Panora.

The Iowa Eclectic Medical Association held its forty-seventh annual meeting at Des Moines, May 13 and 14. This meeting had the largest attendance that it has had for many years. At the evening banquet, Dr. Sumner, secretary of the State Board of Iowa, was the guest of honor.

Kentucky.

The Kentucky Eclectic Medical Association held its annual meeting at the Hotel Seelbach, May 19 and 20. The meeting was better than usual. Beside the scientific session, the Louisville Convention and Publicity League furnished the association an entertainment and six o'clock luncheon at Fountaine Ferry Park. The officers-elect are: President, F. E. Locke, M.D., Newport; vice-president, W. K. Ruble, M.D., Smith's Grove; treasurer, J. C. Mitchell, M.D., Louisville; secretary, Lee Strouse, M.D., Covington.

Massachusetts.

The fifty-fourth annual meeting of the Massachusetts Eclectic Medical Society was held at the Quincy, Boston, Thursday and Friday, June 4 and 5. The meeting was well attended.

Michigan.

The thirty-seventh annual meeting of the State Eclectic Medical and Surgical Society was held in Allegan, Mich., June 3 and 4, 1914. There was a good attendance and interest manifested. Dr. and Mrs. A. L. Robinson entertained the society at their home, Wednesday evening. Grand Rapids was chosen as the next place of meeting. . The officers-elect are:

President, A. L. Robinson, M.D., Allegan; first vice-president, V. L. Bell, Grand Rapids; second vice-president, J. J. Brownson, Kingsley; third vice-president, Zell L. Baldwin, Kalamazoo; secretary, Joseph E. G. Waddington, Detroit; treasurer, F. B. Crowell, Lawrence.

Dr. L. C. M. Conley has opened an office at 2500 Woodward Avenue, Detroit.

Missouri.

The forty-fifth annual meeting of the Eclectic Medical Society of Missouri closed May 21, at St. Louis. The meeting was instructive and enjoyable. Dr. B. J. Weisner, of St. Louis, was elected president, and Dr. Jesse R. Barry, of Carterville, secretary. Dr. T. A. Son, of Bonne Terre, was indorsed by the society for appointment on the State Board of Health

Nebraska.

Dr. C. C. Wallingford has moved from Geneva to Strang.

Nevada.

R. A. Wittke has moved from Colorado to Eureka.

North Carolina.

The Medical Society of the State of North Carolina at its recent meeting elected the following seven members to constitute the State Board of Medical Examiners for the ensuing term of six years: Drs. John Myers, Charlotte; Hubert A. Royster, Raleigh; Isaac M. Taylor, Morgantown; Jacob F. Highsmith, Fayetteville; Martin L. Stevens, Asheville; John G. Blunt, Washington, and Charles T. Harper, Wilmington The board met for organization, June 18, electing Dr. Jacob F. Highsmith, Fayetteville, chairman, and Dr. Hubert A. Royster, Raleigh, secretary.

New York.

The June meeting of the Eclectic Medical Society of the City and County of New York was held at the office of Dr. Wade, 252 W. Twenty-Ninth Street. Dr. Alperin in the chair. The essaysists for the evening were Drs. Waite, Harris, Birkenhauer, McDermott and Lanzier.

Samuel A. Hardy has opened an office at 154 East Eighty-first Street, New York City.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at Van Glahn's Hotel, May 21. Dr. Alperin in the chair. Dr. Chas. Graf was the essayist for the evening, his subject being "Electro Therapeutics."

Dr. Max Meyer has removed his office to 69 East 120th Street.

Dr. David Alperin has removed to 556 Quincy Street, Brooklyn.

Dr. Sigismund S. Goldwater, commissioner of health, proposes a method of medical supervision which would call for periodical physical examination of every individual in the city and the instruction of laymen in elemental hygiene. The records of the department show that victims of diseases like cancer, heart and kidney disease, etc., consult a physician on an average

one year too late for remedial measures to be of value. In insurance companies and large corporations where the plan has been tried, good results are being reported. Dr. Goldwater points out that through the division of child hygiene school children are kept under such supervision and there is no good reason why the plan should not be extended to include all. He proposes that the examinations shall be paid for by those able to pay and be free to all others.

A warning has been issued to physicians and registrars throughout the State in regard to reporting vital statistics. It is the purpose of the department to use to its full extent the authority with which it is vested to secure obedience to the provisions of the law in relation to vital statistics. The following is the notice:

To Physicians: The attention of all physicians is called to the provisions of the said law.

Every physician in attendance upon a birth must, within five days after such birth, file with the local registrar a certificate thereof on the prescribed form. Every medical certificate of death must be made out by the physician, last in attendance, in the form and manner prescribed. Every physician, who has not already done so, must register immediately with the local registrar.

All births which have not been reported within the period prescribed by law may be registered with the State Department of Health up to May 30 without penalty. After that date, it is the purpose of the Department of Health to take such legal action as seems necessary to secure full registration of all births occurring in this State, and to enforce the penalties prescribed by law.

Ohio.

O. L. Iden has removed from Somerset to Chillicothe.

The Ohio State Eclectic Medical Society held its fiftieth annual meeting in Cincinnati, May 12 to 14. Preceding the meeting was the alumnal meeting and commencement of the college. Clinics were held at Seton Hospital daily. The attendance and interest was good. Officers for the following year are: President, T. D. Hollingsworth, M.D., Akron; first vice-president, H. W. Powers, M.D., Amherst; second vice-president, F. O. Williams, M.D., Columbus; recording secretary, A. W. Hobby, M.D., Sidney; corresponding secretary, W. Clay Jones, M.D., Kenton; treasurer, Jas. G. Sherman, M.D., Columbus.

Dr. F. B. Grosvenor has removed his residence to 3961 Main Avenue, South Norwood.

A. S. McKitrick, of Kenton, sailed for Europe, June 12.

M. A. McKendree, E. M. I. '83, has been appointed pension examiner in Wood County.

R. V. Dickey, M.D., has removed from Lima to Campbellstown.

Ivadell Rogers, M.D., has removed from Delaware to Lawrenceburg, Tenn.

Dr. and Mrs. Charles M. Neldon, Coshocton, sailed for Europe, June 12.

According to the Ohio State Medical Journal, April, 1914, the advertising doctors of Ohio have an organization known as the Ohio Medical

Advertising Association. The purpose of the association, as stated in its constitution, is to protect its members from prosecutions, chiefly by the State Medical Board for revocation of their licenses. Its membership includes representatives of a number of medical cults. In a letter asking for funds, the statement is made that both the Ohio State Medical Board and the American Medical Association are prosecuting advertising quacks. A test case is now pending in the courts of Ohio which involves the revocation of the licenses of L. W. Hunt, of Toledo, and Dr. Graham, of Columbus. No limit is placed on the amount of the fund that may be raised for the fighting of prosecutions, as the constitution provides that pro rata assessments may be ordered to pay all expenses. Smith Bennett, an attorney formerly employed by the State Medical Board, has been retained as their counsel.

Thirteen cases of cerebro-spinal meningitis were reported in Cleveland during April. Ten deaths occurred.

The following graduates of the Eclectic Medical College, Class 1914, have been appointed as resident internes in the following hospitals, by competitive examination: William A. Lieser, to the Metropolitan Hospital, New York City; Carl M. Hazen and J. Harvill Hite to the Cumberland Street Hospital, Brooklyn, N. Y.; Warren L. Hulse to Grace Hospital, Detroit, Mich.; J. Earl Holman, Zeph. H. Ballmer and Byron H.Nellans to St. Mary's Hospital, Cincinnati; Neil E. Taylor and Francis J. Abt to Seton Hospital, Cincinnati; L. Lee McHenry to Bethesda Hospital, Cincinnati.

The annual meeting of the Ohio Physio-Medical Association of Physicians and Surgeons was held at the Southern Hotel, at Columbus, Ohio, April 21 and 22. About fifty delegates and members were in attendance. This will soon be like a meeting of the old guard, as the last physio-medical college went out of existence in Indianapolis two years ago.

Dr. R. B. Hubbard, sixty-one, county physician since January 1, and for years a Sandusky practitioner, was probably fatally injured, Sunday, May 31, when he drove a runabout into an electric car at Sandusky. At the Good Samaritan Hospital it was found Dr. Hubbard was suffering from concussion of the brain, that several ribs had been fractured and that internal injuries had probably been inflicted. Whether Dr. Hubbard lost control of the machine or tried to beat the car over the crossing is not known.

Dr. R. E. Parks is dead and three other persons are ill with scarlet fever, as a result of the physician's experiment with fever germs in the laboratory of Huron Road Hospital, Cleveland, Ohio, December 13. Dr. Parks, a senior student at Western Reserve Medical College, having removed several cultures from the throat of a nurse, contracted the disease and so did Dr. Maurice Allen, another of the hospital staff, and George Krakeavski, an orderly.

The profession of Cincinnati, Ohio, energetically insists that pay patients

in its splendid new City Hospital should be treated by their individual physiciars. The doctor should fight against *special privilege* in hospitals as elsewhere.

Dr. Stewart Hagen will be appointed to the position of city physician, of Cincinnati, to be created by council. The appointment will receive the endorsement of the hundreds of Dr. Hagen's friends in the medical profession.

Dr. C. R. Campbell, of Newtown, and Dr. W. E. Edmonton, of Blue Ash, were elected to the Hamilton County School Board.

Dr. Will J. Prince, Piqua, was operated on for appendicitis at the Memorial Hospital, June 25.

Oklahoma.

The Oklahoma Eclectic Medical Association held one of the best meetings in its history at Guthrie, May 11 and 12. The visitors were: E. H. Pratt, M.D., Chicago, Ill.; B. E. Dawson, M.D., Kansas City, Mo.; H. Michener, M.D., Wichita, Kansas; J. Entz, M.D., Hillsboro, Kansas; Miss Vanetta McCall, editor of the Journal of Association of Orificial Surgeons. Interesting clinics were held. The officers-elect are: K. P. Hampton, M.D., Soper; vice-president, W. D. Akers, M.D., Tyrone; secretary, D. E. McCarty, M.D., El Reno; treasurer, T. C. Leachman, M.D., Richmond.

Oregon.

Dr. J. E. Callaway's address is Ortley, Wasco County. His former address was Chillicothe, Mo.

Pennsylvania.

O. J. Heindal has removed from Youngstown, Ohio, to 219½ East Washington, New Castle.

Dr. John M. Baldy, head of the State Bureau of Medical Education and Licensure, anounced, July 16, that all persons practicing massage, or allied branches of healing, including medical gymnastics, electro-therapy, etc., would be required to take out licenses to practice in this state and must make application for them before November 1.

South Dakota.

Dr. W. E. Daniels, who was elected vice-president of the National, was elected president of the State Board of Health and Medical Examiners of South Dakota at the recent session of that body held at Deadwood, that State. It is the first time in the history of the State that an Eclectic ever was elected to that honorable position on the State Board. The new board as now organized is: Dr. W. E. Daniels, of Madison, president; H. R. Kenaston, M.D., Bonestele, vice-president; F. E. Ashcroft, M.D., of Deadwood, holds over; E. W. Feige, M.D., of Woonsocket, is the new member, and is appointed for two years, and P. B. Jenkins, M.D., of Waubay, is secretary. The board holds two examinations yearly, July and January, and two sessions yearly for State Board of Health work, October and April. Dr. Daniels was vice-president last year, and was reappointed on the board

this year and will serve two years.

Dr. W. P. Collins, of Howard, who is secretary of the State Eclectic Medical Society, has been appointed superintendent of the County Board of Health of Miner County, S. D.

Virginia.

The governor announced, April 1, the appointment of the new State Board of Medical Examiners to conform to the recent revision of the board authorized by the general assembly. Under the new law there is to be one represetative from each congressional district, one homeopathic and one osteopathic representative, irrespective of districts. The board was made up as follows: First district, Dr. Joseph N. Barney, Jr., Fredericksburg; second district, Dr. Herbert Old, Norfolk; third district, Dr. Junius E. Warrinner, Richmond; fourth district, Dr. Otho C. Wright, Jarratt; fifth district, Dr. Richard S. Martin, Stuart; sixth district, Dr. John W. Preston, Roanoke; seventh district, Dr. Philip W. Boyd, Jr., Winchester; eighth district, Dr. Lewis Holaday, Orange; ninth district, Dr. William W. Chaffin, Pulaski; tenth district, Dr. Robert Glasgow, Lexington; homeopathic representative, Dr. Harry S. Corey, Richmond; osteopathic representative, E. H. Shackleford, Richmond. The board met for reorganization at Norfolk, April 6, and elected the following officers: President, Dr. Richard S. Martin, Stuart; vice-president, Dr. Junius Warinner, Richmond; secretary-treasurer, Dr. Joseph N. Barney, Jr., Fredericksburg.

West Virginia.

Dr. R. W. DeCrow has moved from Cosmopolis, Wash., to New Martinsville, W. Va.

Wisconsin.

Dr. Chas. E. Brown has moved from Fairchild to Augusta.

Dr. Henry W. K. Abraham, Appleton, has been elected president, and John F. Beffel, Milwaukee, re-elected secretary-treasurer of the State Board of Medical Examiners.

The Wisconsin State Board of Health has sent out three thousand packages containing solutions of nitrate of silver, one each to all the phycians in the State. Under a law passed by the last legislature, it is obligatory on the obstetricians to employ the solution on the eyes of each new-born child.

MISCELLANEOUS.

The consensus of opinion of those present in attendance at the fourth triennial meeting of the International Surgical Congress at New York was that radium as a cure for cancer has been overestimated. It is believed not to be superior to the X-rays, and, of course, only in superficial malignant growths.

The Department of Agriculture is sending individual official notices to over 58,000 manufacturers that on May 1, 1915, their guaranties filed

under the food and drugs regulations will be stricken from the files and that thereafter the serial numbers assigned to such guaranties must not be used on the label or package of any food or drug. This action is in accordance with the regulations adopted on May 5, 1914, by the secretaries of the treasury, agriculture and commerce, which abolish the use of the guaranty legend and serial number on foods and drugs. The ground for this action was that the legend "Guaranteed by (name of guarantor) under the Food and Drugs Act, June 30, 1906," was understood by many consumers to mean that the Federal Government had passed upon and certified the excellence of the article so labeled, whereas the legend and serial number were merely a guaranty on the part of the manufacturer to his dealer that the manufacturer would assume full legal responsibility for his goods.

The surgical staff of the Middlesex Hospital, London, England, after a review of two years' treatment of cancer with radium, announces that the results were not such as to justify the statement that radium is a cure for the scourge. The *World* quotes the following statistics of the institution, taken from the *British Medical Journal* of January 17: "During the year 1912, 319 patients were under treatment in the ninety beds of the special cancer wards of the Middlesex Hospital. Of these 167 patients died, sixty-seven patients were discharged at their own request, and eighty-five patients remained in the hospital at the end of the year. During the year 1913, 361 patients were under treatment. One hundred and ninety-three patients died, seventy-five were discharged at their own request and eighty-eight remained at the end of the year." The members of the surgical staff attested in a communication that radium was not a cure.

Public Health Reports, May 15, contains a partial list of cities and towns in the United States of 10,000 population and over which have adopted a bacteriologic standard of purity for milk and cream. The total population of the cities included in the table given in the report is 21,043,325. The maximum number of bacteria allowed per cubic centimeter ranges from 1,500,000 for cream and 1,000,000 for raw milk, down to 10,000.

Unusual opportunities now exist for ambitious graduates in medicine in the medical corps of the United States Navy, there being fifty-five vacancies in its personnel. Those interested should write the Department at Washington for a circular of information.

As the result of experiments made last fall by physicians in the Rockefeller Institute, a new serum which has proved successful in ninety out of one hundred pneumonia cases has been cultivated and shortly will be announced to the medical world. The serum is made from the blood of a horse into which has been injected pneumococci germs. It is injected intravenously and relieves pneumonia by bringing about a crisis in from twelve to eighteen hours. While the new serum has been used in about one hundred cases at the Rockefeller Hospital, the first outside use of it was on March 10, when it was administered to Dr. P. M. Howard at Bellevue Hospital as a last resort. The doctor passed the crisis on the following day and recovered from what was thought a fatal illness.

The Rush Medical College, which has been given notice by the University of Chicago to seek other affiliation, or submit to radical reorganization, made overtures to the University of Illinois. The trustees of the University of Illinois were willing to undertake the Rush Medical work, but required all the property held by the trustees of the college to be turned over to the university regents, and further demanded that every member of the faculty, without exception, should resign, and leave the institution a free hand to appoint such men to the various positions as it thought most desirable. At the meeting of the faculty and trustees of Rush Medical College this was decided to be entirely unsatisfactory to them, and we know not what will happen. The college complains of its poverty and of the great expense of medical education.

The sphygmomanometer is a useful instrument when properly handled, and the information it gives is useful information when judiciously applied. It is not, however, very greatly superior to the *tactus eruditus* of an experienced physician, even in estimating pressure, and in such other matters as pertain to the artery and the blood current, *e. g.*, volume, rapidity, regularity, character of pulse wave, hardness or elasticity, etc., it is infinitely inferior, since as to these it gives no information at all. Arterial tension and blood pressure may be identical mathematically; clinically, they are as different as a head and a hatband, albeit both have the same measure.

Apart from all this, however, there is a present-day tendency to overestimate the importance of sphygmomanometry *per se*, and many a patient is in consequence drugged with pressure-lowering medicaments which not only fail to help, but positively harm him.—*Solomon Solis Cohen, in Medical Review of Reviews.*

Sex Hygiene.—The National Educational Association, at Minneapolis, adopted a resolution directing attention to the "grave dangers, ethical and social, arising out of a sex consciousness, stimulated by undue emphasis on sex problems and relations," and urged parental care and instruction on the subject. "If taken up in schools the subject should be handled delicately and by persons qualified by scientific training and teaching experience in order to assure a safe moral point of view," the resolution said.

The Carnegie Foundation for the Advancement of Teaching.—The eighth annual report of the president of the Carnegie Foundation for the Advancement of Teaching was made public recently. It shows a liberal expenditure of money during the year toward retiring professors, and to professors' widows. It also shows a very decided purpose to oversee, survey and criticize various educational enterprises, and to give their finding wide publicity, with considerable authority. The Foundation has a right to inquire into the status of any institution which it proposes to aid. But even here it may do this with either the purpose of or effect of controlling the institution. The effort, however, of making a general survey of education has never been competently authorized, and to attempt it is somewhat presumptuous. Any person or any organization may study any system or institution of education, and present a public criticism, but it

ought to have no more weight than an opinion given for what it is worth; but when this criticism is backed by the assumption of authority or with the influence of money, it becomes well nigh arbitrary and dictatorial and presumptive.—*Presbyterian.*

The Carnegie Foundation.—It is not quite easy to be patient with this officious and impertinent organization that sends its commissions out through the States to investigate educational conditions, and then report most of them as unworthy of support. This commission places its approval on a few high-priced institutions, and its disapproval on scores of others who have been doing splendid work and are doing it now. If this crowd of educational dreamers have their way, they will soon have every school from the kindergarten to the university so technical that nobody except a monstrosity can pass through them.

It is in the small institutions that we must look for practical men and women. The sort the Carnegie Foundation approves are the sort that the Foundation sends around to enlighten the ration of its aims and ends. The speeches they make are so toplofty and so impractical that one can not quite guess what they are talking about, or how their suggestions can be fitted into the everyday life of the people. They are only sure—cock sure—of one thing, and that is that there must be no religion mixed up in our educational systems, and that the worst thing a State can do is to encourage religion in educational institutions. The Carnegie Foundation ought to be dug up and its abstruse and inexplicable professors ought to be put to bricklaying for a while.—*Methodist Protestant.*

OBITUARIES.

Bond, James M., California Eclectic Medical College, Los Angeles, 1895, at Heraldsburg, Cal., March 23, 1914.

Brewer, Horatio S., Bennett Medical College, Chicago, 1879, at his home in Chicago, Ill., May 18, aged sixty-eight.

Colenick, Alexander Edwin, Eclectic Medical College of Pennsylvania, Philadelphia, 1865, at his home in Pacific Grove, Cal., March 12, aged seventy-five.

Dice, T. R., St. Louis Eclectic Medical College, 1876, at his home in Utica, Mo., April 19, 1914.

Duncan, Alexander B., Eclectic Medical College of Philadelphia, 1868, at his home in Leesburg, Ga., May 29, aged seventy-six.

Dunn, D. Winton, American Medical College, St. Louis, 1890, a member of the Illinois and National Eclectic Medical Association, was shot in his office in Duquoin, Ill., and died from his injuries, June 7, aged sixty-two.

Gabel, Henry G., Eclectic Medical Institute, Cincinnati, 1875, at his home in Aurora, Ill., April 25, aged seventy-two.

Gerald, Francis Leverett, Eclectic Medical Institute, Cincinnati, 1873, at his home in Warren, N. H., April 5, aged seventy-five.

Grauel, Henry W., Eclectic Medical Institute, Cincinnati, Ohio, 1875, of Painesville, Ohio, at Linden Beach, Ohio, July 3, aged sixty-six.

Hunt, James George, Eclectic Medical Institute, Cincinnati, 1849, at his home in Westwood, Cincinnati, June 8, aged ninety.

Margolies, Adolph A., Eclectic Medical College of the City of New York, 1883, at his home in Brooklyn, N. Y.

Martin, James A., American Medical College, St. Louis, 1884, at his home in Minden, Neb., June 10, aged sixty.

Mickle, Jesse Blackburn, Eclectic Medical Institute, Cincinnati, 1891, at his home in Erie, Pa., June 2, aged fifty-four.

Newlin, William L., Eclectic Medical Institute, Cincinnati, 1872, at his home in Los Angeles, Cal.

Sheffner, Alonzo N., Bennett Medical College, Chicago, 1873, at his home in Hay Springs, Neb., April 30, aged seventy-three.

Shepherd, Wm. A., Eclectic Medical Institute, Cincinnati, 1853, the oldest graduate of the Eclectic Medical Institute, the last charter member of the Ohio State Eclectic, and a member of the National Eclectic Medical Association, at his home in Columbus, Ohio, May 21, 1914.

Stanton, Lewis Eugene, King Eclectic Medical College, Des Moines, Iowa, 1886, at his home in Sterling, Colo., May 8, aged fifty-four.

Thorpe, Alonzo V., American Medical College, St. Louis, 1884, of Jamestown, Mo., May 18, aged sixty-one.

Tiel, Arthur Rogers, Eclectic Medical College of the City of New York, 1878, at his home in Beacon, N. Y., June 1, aged fifty-nine.

White, Thomas S., American Eclectic Medical College, St. Louis, Mo., 1879, at Kansas City, April 20, aged eighty-two.

Wolf, Morris, Eclectic Medical College of the City of New York, 1893, formerly health officer of Yonkers, N. Y., at Yonkers, April 18, aged forty-four.

Among the very attractive exhibits at the last meeting of the National Eclectic Medical Association at Hotel Severn, Indianapolis, Ind., was that of the Chas. H. Phillips Chemical Company, of New York and London, displaying:

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Company; Wm. S. Merrill Company, Cincinnati; Smith, Kline and French, "Eskay Food"; Dungan, Johnson Company, Indianapolis; Pitman, Moore Company, Indianapolis; Mellin's Food; Eli Lilly & Company, Indianapolis; Kress & Owen Company; Denver Chemical Company. We desire to call our readers' attention to these firms as well as to our advertisers.

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In olden days whilst the great nutritive value of cod liver oil was fully recognized and every effort made to place it at the patient's disposal, yet the lack of a palatable product all too often made its employment unsatisfactory, or even impossible.

For many years this drawback of cod liver oil deprived the profession of the best of tissue foods, and it was not until pharmaceutical science devised means of making the oil palatable that it began to come into its own. Cord. Ext. Ol. Morrhuae Comp. (Hagee) is the most valuable and widely employed of the preparations of cod liver oil, and largely so because the medical profession has long recognized its superior worth. It may be given over long periods of time without causing gastric distress.

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Wilson, Cloyce, 432 Clark St., Cincinnati.
Crismore, W. E., Genoa.
Morgan, H. H., Manchester.
McHenry, L. Lee, c|o Bethesda Hospital, Cincinnati.

WASHINGTON.

Getzlass, Carl P., College Place.

NEW YORK.

Terwilliger, F., Barton.

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Lutgen, Anson S., Wayne.
Nystrum, J. O., 523 N. 28th St., Omaha.
Wright, L. G., Cereseo.
Hedlund, Ward W., 3012 Q St., Lincoln.
Sturdevant, C. L., Atkinson.
Atha, J. F., Germantown.

CALIFORNIA.

Bond, Elmer C., Healdsburg.
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Calsgie, Edward C., 337½ S. Hill St., Los Angeles.
Cleaver, John M., 337½ S. Hill St., Los Angeles.
Crook, Harvey W., 337½ S. Hill St., Los Angeles.
Greenwell, Geo. H., 121 Soquel Ave., Santa Cruz.
Henderson, Wm. H., 426½ 'J' St., Sacramento.
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Ellsworth, V. A., 41 Waltham Street, Boston.
Smith, Jos. A., 476 Main St., Worcester.

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2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medica Association. President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Berwyn, Ill.
4. Arkansas Eclectic Medical Society. President, Adolph Jernigan, Tuckerman; Secretary, Geo. T. Jackson, Little Rock, June, 1915.
5. Atlanta Eclectic Medical Society. President, J. R. Duvall, Atlanta.
6. Boston District Eclectic Medical Association. President, Geo. E. Pool, Sherbourn; Secretary, Pitts Edwin Howes.
7. Brooklyn Therapeutic Society. Secretary, A. B. Wolf, Brooklyn. Quarterly.
8. California Eclectic Medical Society. President, Judson Liftchild, Ukiah; Secretary, H. Ford Scudder, Los Angeles, San Francisco.
9. Central New York Eclectic Medical Society. Secretary, J. H. Terpenning, Fulton.
10. Chicago Eclectic Medical and Surgical Society. Monthly.
11. Colorado Eclectic Medical Society. President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton.
12. Connecticut Eclectic Medical Society. President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually.
13. Dayton Eclectic Medical Society. President, E. E. Bechtel; Secretary, J. F. Wuist. Third Friday of each month.
14. Doctors Club St. Louis. President, E. P. Waterhouse; Secretary, A. F. Stephens.
15. Eclectic Medical Society of the City and County of New York. President, H. Harris; Secretary, A. S. Gombar. Third Thursday of each month.
16. Florida Eclectic Medical Association.
17. Ft. Wayne Eclectic Medical Society. President, G. A. Barry; Secretary, J. E. Morris. Monthly.
18. Georgia Eclectic Medical Association. President, John H. Powell, Atlanta; Secretary, C. H. House, Kirkwood, Atlanta; Atlanta, 1915.
19. Illinois Eclectic Medical Association. President, Thos. Owings, Hinckley; Secretary, Geo. O. Hulick, East St. Louis. Chicago, May, 1915.
20. Indiana Eclectic Medical Association. President, W. E. Vitou, South Bend; Secretary, F. L. Hosman, Indianapolis. Indianapolis, May, 1915.
21. Iowa Eclectic Medical Society. President, L. E. Eslick, Rockwell City; Secretary, B. C. Minkler, Des Moines. May, 1915.
22. Kansas Eclectic Medical Association. President, Jay Baird, Coffeyville; Secretary, E. K. Lawrence, Pawnee Rock. Emporia, 1915.
23. Kansas City Medical Society. Semi monthly.
24. Kentucky Eclectic Medical Society. President, F. E. Locke, Newport; Secretary, Lee Strouse, Covington. Louisville, 1915.
25. Kentucky Central Auxiliary. President, J. H. Shultz, Jeffersonville; Secretary, T. A. Evans, Farmers.
26. Kentucky Eastern Auxiliary. President D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton.

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28. Los Angeles County Eclectic Medical Society. President, H. C. Smith, Los Angeles; Secretary, P. M. Welbourne, Los Angeles.

29. Maine Eclectic Medical Society. President, S. A. Abbott, Taunton.

30. Maryland State Eclectic Medical Society President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 West North Avenue, Baltimore.

31. Massachusetts Eclectic Medical Society. President, Chas. E. Buck, Boston; Secretary, Pitts Edwin Howes, Boston. Boston, first Thursday and Friday in June, 1915.

32. Michigan Eclectic Medical Society. President, R. L. Robinson, Allegan; Secretary, J. E. G. Waddington Detroit. Grand Rapids, June 2-3, 1915.

33. Missouri Eclectic Medical Society. President, B. J. Weisner, St. Louis; Secretary, J. R. Barry, Carterville. St. Louis, 1915.

34. Missouri Valley Eclectic Medical Association. John C. Story, St. Joseph.

35. Minnesota Eclectic Medical Society.

36. Nebraska Eclectic Medical Society. President, C. A. Lutgen, Auburn; Secretary, D. J. Bowman, Raymond.

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40. Northwestern Ohio Eclectic Medical Society. President, J. J. Martin, Bucyrus; Secretary, W. Clay Jones, Kenton. Quarterly.

41. New Jersey Eclectic Medical Society. President, G. C. Young, Washington, N. J.; Secretary, G. E. Potter, Newark. Semi-annual.

42. New York Eclectic Medical Society. President, R. A. Toms, Kenmore; Secretary, T. D. Adlerman, Brooklyn.

43. New York Specific Medication Club. President, M. D. Pearlstein, Brooklyn; Secretary, John Birkenhauer. Second Thursday of each month.

44. Northwestern Indiana Eclectic Medical Society. Secretary, W. F. Smith, Huntington.

45. Ohio Central Eclectic Medical Society. President, J. C. Johnson, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

46. Ohio Eclectic Medical Association. President, T. D. Hollingsworth, Akron; Secretary, A. W. Hobby, Sidney. Columbus, May 11-13, 1915.

47. Oklahoma Eclectic Medical Society. President K. P. Hampton, Soper; Secretary, D. E. McCarty, El Reno. Oklahoma City, May, 1915.

48. Oregon Eclectic Medical Association. Secretary, Byron F. Miller.

49. Pennsylvania Eclectic Medical Association. President, Wm. R. Campbell, E. Smithfield; Secretary, Wm. O. Bunnell, Wilkes-Barre.

50. South Dakota Eclectic Medical Society. President, H. E. Kellogg, Madison; Secretary, W. P. Collins, Howard.

51. Southern California Eclectic Medical Association. President, O. C. Darling, Riverside; Secretary, H. C. Smith, Los Angeles.

52. Southwestern Ohio Eclectic Medical Association. President, C. W. Tidball, Norwood; Secretary, C. R. Campbell, Newtown.

53. San Francisco County Eclectic Medical Society. Secretary, A. Florence Temple. Meets first Thursday of each month, except July.

54. Sullivan County Eclectic Medical Society.

55. Tennessee Eclectic Medical Association. President, G. M. Hite, Nashville; Secretary, John O. Cummins, Nashville. May 11, 1915.

56. Texas Eclectic Medical Association. President, W. H. Walker, Killeen; Secretary, H. H. Blankmeyer, Aransas Pass.

57. Vermont Eclectic Medical Association. President, J. V. H. Cushman, E. Charleston; Secretary, P. L. Templeton. Montpelier.

58. Washington Eclectic Medical Association. President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle.

59. Western Ohio Eclectic Medical Association. President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.

60. Western New York Eclectic Medical Society.

61. West Virginia Eclectic Medical Association. President, M. H. Waldron, Naugatuck; Secretary, A. C. Lambert, Charleston.

62. Wisconsin Eclectic Medical Society. President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown.

Fig. 1.

Fig. 2.

Fig. 3.

Fig. 4.

Fig. 5.

Fig. 6.

Fig. 7.

Fig. 8.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME VI. CINCINNATI, DECEMBER, 1914. NUMBER 2.

PERSONAL EXPERIENCE WITH TROPICAL DISEASES.

E. W. SMITH, M.D., TERRE HAUTE, IND.

Acting Assistant Surgeon U. S. Marine Hospital Service, Porto Rico.

Bubonic plague is a specific infectious disease characterized by inflammation of the lymphatic glands. The disease begins after an incubation of a few days to a week, with extreme prostration. This is followed by fever which assumes a typhoid type. Hemorrhages into the skin and mucous membrane are common. The lymphatic glands enlarge and on the second or third day suppurating buboes appear in the groin, neck or armpit, which rupture and discharge. The temperature drops with the appearance of the buboes and there is profuse sweating. Mortality varies from 70 to 90 per cent. Death usually occurs on the second or third day.

Treatment.—A subcutaneous injection of a serum of dead culture.

LEPRA.

I will describe only the anesthetic form of this disease. Sometimes this form appears suddenly, but usually for days, weeks or months before the disease declares itself the patient is out of health. He feels ill, depressed, he has dyspepsia and diarrhea; is weak, chilly, has profuse sweating, remittent fever, of a malarial type.

After a time an eruption appears on the face, ears, hands and forearms. It is a smooth, slightly raised, purplish or mahogany red. This eruption may fade away to appear again with a fresh outbreak of fever.

Leprosy is seen in both sexes, but the man is more often affected. It is rare in children and is never seen in infants.

The best chance for recovery is to remove the patient to a place where he can have food and a general tonic, with attention to hygiene.

Cause.—Until a few years ago various agencies were regarded as cause of leprosy, such as residence by the seashore, eating putrid fish, heredity; but in the light of our present knowledge, there is but one cause and that is contagion. (See Fig. 1.)

PELLAGRA.

It is important for us to be able to recognize this disease. The symptoms are progressive weakness, intestinal catarrh, lassitude, giddiness, headache and burning sensation in the back, limbs, hands, feet and stomach.

These make their appearance in the spring and shortly after an erythema affects the back of the hands and forearms to the elbow, the back of the neck and chest or any part exposed to the sun.

The color is a dark red and can not be made to disappear by pressure. The patient emaciates, loses strength, develops grave cerebro-spinal neurosis, sinks into a typhoid state and dies. The average duration of the disease is four years.

It seems to be a disease fastened by poverty, want, and bad hygiene and to be induced by an almost exclusive diet of decomposed fermented maize, or possibly other grains. Some cases have been traced to the drinking of spirits made from damaged maize. (See Fig. 2.)

Treatment.—I could see no improvement in any of the cases with arsenites or any other drug. Our pellagrin patients expect an honest effort in their behalf, so let us give our suffering pellagrins the full benefit of our knowledge as we acquire it, hoping for a discovery of a specific treatment in the near future.

NIGUA.

The nigua is a small egg-shaped insect about half the size of an ordinary flea, brownish in color and very resistent to crushing forces. It is a native of the West Indies and South America. The female penetrates the skin, near the toe nail and deposits her eggs. As the distention with the eggs occur, it causes intense itching, swelling, pain, and even ulceration may appear. If these eggs are not removed, they cause a knotty condition of the skin, which extends from the toes to the knees.

Treatment.—The eggs should be removed and antiseptic oils be applied to the feet.

HOOKWORM.

This disease is caused by the worm in the small intestine.

The disease has an extensive range, being found in all parts of the tropics and in certain temperate climates where the conditions are favorable.

It is characterized by the discharge of the ova of the worms with the feces, by a progressive anemia, weakness, impaired development in the young and by various symptoms on the part of the circulatory, digestive and nervous systems, in varying degrees and combinations.

The disease is occasionally fatal, but is capable of cure by the removal of the parasites and by prevention by hygienic measures.

The worms are easily removed by the administration of thymol. (See Figs. 3, 4, 5 and 6.)

Treatment.—The night before give an ounce of sodium sulphate. Beginning the next morning at six o'clock give fifteen grains of thymol in capsules, every two hours until three doses are taken. In two hours give one ounce of sodium sulphate. Do not eat or drink anything during this treatment, except water and but little of that.

ELEPHANTIASIS.

Elephantiasis is a common disease in the tropics to both male and

female. Having its origin in lymphatic obstruction, characterized by edema, enlargement, thickening of the skin and underlying tissue. (See Figs. 7 and 8.)

The cause of the lymphatic obstruction is Filaria (Bancrofti). The embryos are about the thickness of a red blood corpuscle and are one-fifth millimeter long. They are wormshaped, one end is blunt and the other is tapering. The whole embryo is enclosed in a transparent sheath. They are found in abundance in long-standing cases.

In the first stages the disease comes on in recurring attacks of inflammation. With each succeeding attack the part becomes larger and is never restored to normal. The affliction is chronic and without pain.

GENERAL PARESIS.

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Some six or seven years ago I prepared and read an article on dementia paralytica, which received some attention from the profession. My recent studies of the subject, as well as the new ideas pertaining to this malady, the enormous increase in this particular form of insanity, fully justify my bringing this subject again to your attention. Another important factor which prompted me to write again on general paresis is the fact that I have recently come across many cases where the family physician has mistaken cases of general paresis for neurasthenia and was treating them as such. I shall lay particular stress in this article upon the differential diagnosis between these two diseases.

Paralytica dementia should certainly be known to every general practitioner, as these cases are met with daily in many walks of life. There is no other cause of death among the insane (7,000 deaths annually) which is so common and there is no other disease which gives rise to so much controversy as to its etiology and pathology.

Omitting here the history of the disease, let us see what do we understand by dementia paralytica. It is a disease of the superior and lateral convolutions of the brain, which gradually extends over the whole nervous system, producing peculiar impairment of motor power, distinguished by abnormal mental symptoms, which end in dementia, associated with physical weakness and palsy, with characteristic symptoms which I will mention later on.

The great Kraft-Ebing once styled this disease "a product of civilization and syphilis"—and while we are willing to admit the great influence exercised by syphilis in the production of general paresis, we are not ready to admit or to acknowledge syphilis as the one primary factor in the production of dementia paralytica.

We have seen hundreds of cases in women and children who never had syphilis and where no syphilitic history could be established. As in tabes dorsalis, I must take my stand on the side of those opposed to the syphilitic theory (v. Leyden, Goldsheider, Moczutkowsky and others) and

ask you to remember that it is strange (if it is syphilitic) that the disease is not amenable to antisyphilitic treatment. We can not also forget that statistics of 2,000 cases of syphilis collected by Lewin showed that in these 2,000 cases not a single case developed into general paresis. In Egypt, opening this controversy here once more; it will suffice for our purposes here to say that syphilis may favor the production of certain toxins, which in combination with other specified conditions result in paralytica dementia, and in justice to those favoring the syphilitic theory we will add here that in one hundred cases admitted to the asylum at Helsingfors, syphilis was present in seventy-seven cases of men, in four of women, and was probably present in the other nineteen cases. The interval between the beginning of syphilis and general paresis was from five to fifteen years. Hencke, Christian and Tetige found syphilis present in ninety-six cases out of one hundred and thirty examined.

In my estimation paresis is caused by a distinct, peculiar germ and alcohol, mental excitement and overexertion, prolonged exhaustive mental and physical work, traumatism and heredity alone, or when combined, help in the developing and in the production of this disease. Any two of the above mentioned causes, either with alcohol or with syphilis in connection with the germ, may bring on the disease. Here it is worth noting this interesting fact—a patient may have syphilis for years without any paresis (the germ may be dormant or the germ is not present), but let him injure his head, and in nearly all cases paresis will develop. General paresis demands a heavy quota from the educated classes, living in the cities, from people who partake freely of meats and alcohol, and who exert their reproductive functions rather freely; from men who live intensely and who live quickly in our modern civilization. Their lives deplete the central nervous system neurones. Paresis is a progressive disease or degeneration, which, while occurring mostly in married men of middle life, has of late appeared in ever increasing numbers among women. Ten or fifteen years ago paralytic dementia was a rare occurrence among women, to-day with the increase of feminism, with the women trying and assuming the same rights and burdens of men in every walk of life, political and economical, as they take on the follies of men, we find an ever increasing number of women suffering from general paresis. Where the proportion before was from fifteen to twenty men to one woman, to-day we find in Germany two men to one woman and in England and America four men to one woman.

It is peculiar of this disease that it attacks men and women of the healthy and vigorous type in the prime of life, and not the weakly neurotic, and yet, according to Mickle, and according to my own experience, a neuropathic heredity plays an important part in the production of this disease. Will it surprise you, gentlemen, to hear that about one-eighth of all patients admitted to our insane asylums are general paralytics? In most patients dementia paralytica occurs between the ages of thirty and

fifty years, and while the disease is much rarer in the very advanced years, some cases have been reported in very old age as well as in childhood.

In young people under twenty very few cases have been observed, and the few that have been reported were victims of hereditary alcoholism and syphilis with mental troubles in both parents. Of late about one hundred cases have been reported in children. Another very significant fact is that the disease is more frequent in men and women of ability, in people of intellect, in professional men, and is less frequent among the ignorant and uncultured.

Some of you will perhaps say that general paralysis of the insane is not sufficiently uniform to deserve a special name. While this may be true to some extent, while it may be true that in some respects you can not look upon general paralysis as a very definite disease, yet the largest number of these unfortunates present such well-marked and typical features that they must be considered in a separate class. We must, of course, remember that the symptoms and course of each individual case of general paresis will vary very much and depend to a certain extent on the hereditary qualities of the patient, on the proximate causes of the disease, on the conditions under which degeneration has taken place, and that a great many symptoms here are of a purely physical nature. It will not be out of place to add here that the symptoms of general paresis, in a case which was of a neuropathic heredity, differs in its course from those who have no such heredity, and the disease which depends upon syphilis alone differs from those cases which result from syphilis and trauma or from syphilis and alcohol. The connection between syphilis and paralytic dementia, and the affinity between brain syphilis and general paresis can not be denied, but it is certainly a mistake to claim that syphilis is the main and only feature.

With all above said and considered, we can accordingly say that general paresis is a disease which attacks the most diverse portions of the whole central nervous system, the brain and spinal cord, at the same time or successively; that it begins most frequently in the region of the cerebrum, which have an immediate relation to the regular course of the pyschical and certain psychomotor processes, and that the mental and motor symptoms form the introductory features of the disease in a great many cases.

Putting aside for the present the ill-marked, anomalous and pseudo-paralytic cases, we will consider the ones we most commonly meet. To those of you who have had cases of paresis, I would ask that if you noticed any symptoms which I do not enumerate in the symptomatology of the malady, please speak up and tell about them, for it is important for every possible aid to an early diagnosis be known.

Like everything else, it has a beginning and an end, with some different stages, which show the different advances of the disease. As a rule it will begin in the last developed and most specialized part of the nervous system. For general clinical purposes we shall divide the disease into three

stages, the prodromal, the established and the terminal periods, and we will study each of them separately, as they present themselves for observation.

The first stage may present many variations in duration, and looking back, friends of your patient will tell you of certain alterations in the man, not much thought of at that time, but which will account for certain odd and eccentric things done by him, so that the early symptoms, whose nature was at first not correctly recognized, ought to have been regarded as the first initial symptoms. You will hear that he began to show unusual irritability of temper, he was annoyed by most trifles, his disposition in the household was markedly changed. He became peevish and easily exhausted without cause, complained of dull headaches, migrain, pains in various parts of the body—in fact presented many neurasthenic symptoms (which may explain the many reasons why the disease is often mistaken for neurasthenia), often combined with some symptoms of hysteria. The change in character is very marked; from good habits, and from a regular mode of life, he became intemperate, boisterous, neglected his usual vocation. He became extravagant, exhibited some very foolish errors in general judgment. As the case advances his mental work does not go on as easily as before. His memory is somewhat uncertain, there are marked periods of forgetfulness and inattention, which were previously quite impossible for him to exhibit. He is moody and irritable, will violate often the ordinary rules of decency and morality, he wastes money, commits crimes, is dissolute. He is regardless of propriety, honesty and honor, will run after the opposite sex, and do it in a most foolish way, not caring for consequences, person or place. Loss and defect in power of attention is also very common here. Loss of will power, doubt and uncertainty, abnormal susceptibility to the influence of stimulants of all kinds, are of very frequent occurrence. Hysteria and nervousness also occur long before any danger is suspected and the intellectual degeneration is noticed equally. In this, by the way, there is a great contrast between general paralytics and those suffering from ordinary mania. The latter are mostly acute and will defend their acts skillfully, while the former can not argue and generally deny they have done anything that you tax them with. Another important symptom here is the abnormal irritability. The patient easily becomes agitated or gets angry on the slightest provocation, and it is from this point that we hear from those surrounding the patient that he is so different from what he was. Sleep, digestion and appetite are much disturbed. The patient becomes unfit for business or his profession, and what he undertakes he mismanages. This loss of attention and memory become more and more noticeable and he forgets what he has done a day or two previously, and to me these particular symptoms always brought to my mind certain indications and symptoms of senile dementia, but which, occurring in men of thirty-five or forty years, certainly show the advance of this great disease, general paresis.

Among the sensory warnings, we meet with defects in smell, sudden loss of sight of a temporary kind, loss of hearing; temporary and local anesthesia, hallucinations or illusions of one or more of the senses. Giddiness and so-called congestion of the brain may occur, ending in vomiting and fainting fits. The patient will himself notice here his mental capacity and memory are diminished and he becomes anxious on this account. He notices a feeling of confusion in the head, a peculiar distinct pressure in the head, and here you will also find that the patient is unable to reckon and makes the greatest mistakes in simple examples in multiplication.

On the motor side there is a well-marked restlessness and occasionally stupor or undue torpor, with well-marked sleeplessness, slight and temporary aphasia or loss of power of expression by speech or by writing or other defects of the kind may occur with some alteration in gait, while in some there may be little to notice in the gait or in the muscular power. And here on the strength of a few such cases, fault has been found with the term, general paresis, as not being applicable to persons who are active on their legs and strong in their arms; but this strength is only apparent, but there is a progressive weakening of the whole body, a marked enfeeblement, and we may at the same time see in these particular cases that the deep reflexes are abnormal, and the earliest phenomena is an exaggeration of the knee jerk, which exaggeration, as the disease advances, will give way to a sluggish state and by degrees to a total absence. Here, again, we must call your attention to another important point—the condition of the pupils. You will find they are often unequal and show particular reflex immobility in the largest number of cases, especially in those in which other tabetic symptoms develop. Transitory ocular paralyses are in certain cases early symptoms. In some cases I observed a conjunctival catarrh, which aggravated with the general paresis, was characterized by bluish discolorations of the conjunctiva, absence of ciliary limitation and a quite pronounced resistance to therapeutic measures. In some cases the pupil reacted freely to light and very feebly in others. Color perception suffers with the progression of the paralysis, the perception of violet disappearing, then blue, and lastly red. In quite a number of cases it is restricted concentrically for white colors. In examining a patient for this reflex immobility great care must be taken to make the person fix the eye on a near object. If this is forgotten the test may prove deceptive and wrong conclusions derived. Spastic myosis is a common departure from the normal; here pupils are extremely small, perfectly fixed on exposure to light and do not expand when the eye is shaded. The loss of consensual reaction is also of importance. The consensual reflex consists in the narrowing of one pupil and the subsequent wavy dilatation when light is admitted to its fellow. Loss of power of accommodation is regarded a symptom of the later stages of general paresis. The reflex dilatation of the pupil on stimulation of the neck skin (normally present) is absent at an early date in general paresis.

When I mentioned before the peculiarity of the gait of the general

paralytic, I also ought to have added that there may be a dragging of one leg even when the reflex is exaggerated, this depending on the convulsive seizures, which occur often, or on spinal change. Besides dragging of the leg, the leg is being jerked and not moved steadily, and if the eyes are closed the patient can not walk, turn around or stand with the heels together. There is also found in these cases quite an unusual manifestation, a voice speaking from within, not heard through the ears, and in these cases this hallucination seems to have been closely associated with spasmodic contractions of the masticatory muscles. Besides these local or special troubles there is often a general indescribable change; the person is not himself, so to speak; he is tending away from himself. In nearly every case of general paralysis, there appears during the course convulsive or apoplectiform seizures, and mental failure becomes very prominent after these attacks. The convulsive or apoplectiform seizures usher in the final stage—the stage of complete dementia. The mind becomes perfectly vacuous, the patient is speechless, bedridden, filthy and helpless. He can scarcely swallow food, he wets and soils himself, bedsores appear, and finally death from inhalation pneumonia, cystitis, marasmus, or some other such condition finishes the miserable existence.

A very good plan in order to recognize the beginning of the symptoms is to have the patient pronounce a few difficult words, such as "artillery," "electricity," "Mars," etc., and you will always hear "artrallariory" instead of artillery; Marsateora instead of Mars, and like blunders. In the later stages of the disease the speech, in many cases, is almost entirely incomprehensible. Another peculiar "want of fixity," as I call it, is also shown by the non-recognition of the lapse of time, and by the manner in which violent passion is suddenly changed into amicability. To the same cause can be traced the characteristic facility of disposition of the general paralytic, for even at this early stage there are indications of the optimism, which, as the cases progress, afford a remarkable psychical symptom. The morbid variety, general exaltation and tendency to regard all things in the brightest possible light, are peculiarly distinctive of the prodromal stage. This particular feeling of well-being ushers in the following stage and is quickly followed by delusions of the wildest character. The patient believes himself to be in possession of millions of money, of barrels of gold, his ships filled with the silks and treasures of China, travels all over the world, he owns banks, palaces and cities; he is a genius; he is the strongest man in the world; his business ideas and combinations and inventions are of the greatest magnitude. And he is not stingy at this stage; he will just as soon give you a town or a present of a million; he gives away easily, he has so much more (in his mind). (At one of the clinics held by me at Ward's Island Insane Asylum, one of the paretics gave me a check for $2,000,000, remarking that this is a mere bagatelle in comparison with what he intended to give me on the next day.) To enumerate all the wild fancies of the general paralytic is impossible; he is to-day the president of the United States, or he may be the emperor of China or of Russia. His penis is made

of pure gold, or his testicles are filled with diamonds, he counts his wives by the hundreds, he is the greatest, noblest, smartest, yes, and happiest, being in the world. All of his ideas are expanded, exalted—whether it is in reference to time, space or personal attiude. The patient here shows an abnormal content with himself and all those around him by contant use of superlatives. Everything is all right with him, splendid, first-rate, fine, superb; he and all his are fine and can not be any better. The fact that he is a poor man, unable to work and that his family is in dire need and want for the most necessary things in life, does not worry him, as all are doing fine.

This, however, does not happen in all cases, and delusions of grandeur are not always an invariable symptom. In many cases the initial melancholic, hypochondriacal conditions prevail. The patient claims he can no longer eat, that he is poisoned, that he has lost his head, arm, that he is very small, yes, so small that he can pass through a keyhole, etc. In other cases, again, there are states of violent excitement in which the patient raves and loudly cries and tries to destroy whatever comes his way. Finally, we also meet cases where the patients in their mental relations present simply the symptoms of a mental enfeeblement, slowly increasing to complete dementia, without ever showing in any notable form the states of excitement or delusions. But it is the violent outbursts which usually calls attention to the conditions of the patient, and these violent outbursts are especially strong and pronounced if there is some dipsomania in the case. A very prominent symptom, in my estimation, is the absence of the ulnar reflex in many of these cases, and I think this is a symptom of quite some diagnostic value.

There seems to be considerable difference in the sexual power of the general paralytic, as well as in his reflexes. Some of them lose all sexual power or desire at a very early period. Others show great sexual excitement and worry their wives or husbands; in asylums they will indu'ge in masturbation, their conversation is erotic with hallucinations or delusions of sexual character. The sexual life in all these cases is abnormally affected, it is often intensified and perverse. In the final stages libido and the sexual power become nil. Seductions, abductions are frequent, and as the mental weakness increases, they perform exhibition acts in the streets or attempt immoral acts with children. Attempts at rape are committed, they will appear half clothed, try to force their way into houses where they see some one of the opposite sex.

During the exaltation period physical signs will develop, which are characteristic. His memory becomes worse, he misplaces objects, forgets recent matters, his handwriting is more wavering, the letters showing irregularity in the strokes. We can often detect this peculiarity in a letter otherwise coherent and rational. It is not a mere tremor in the formation of the letter, but the writing is blotted, dirty, words left out, letters or syllables missing, a general want of attention seems to prevail in the letter.

The writing, in general, presents what is known as the irregular saw edge line. There is also a tendency to make the letters of unequal size and to put letters in the same word out of the horizontal plane. As the disease advances the letters become more and more illegible, and finally are simply some dissociated lines, the patient asserting in the meanwhile that his handwriting is the finest ever produced by anybody. The tremor of general paresis is very characteristic. It is a fine fibrillary tremor, taxing in every fibrile every little muscular strand, and, while it affects all parts of the body, it is especially fine around the angles of the mouth and tongue and reminds us much of the tremor found in acute alcoholism. (Here it is good to remember that facial tremors are not present, even in the most pronounced neurasthenia.)

The tongue is protruded with difficulty, and when protruded can not be kept so. The face becomes stolid and facial lines are obliterated. There seems to be a complete lack of expression in the face of those suffering from dementia paralytica. As the disease advances the entire body may become tremulous. In asking a paretic to wrinkle his forehead an ataxic tremor is set up in the occipitofrontalis, while in showing the teeth at your command the ataxic tremor becomes marked in the levators of the lip.

Paralytics may sleep but little, but sleep is not altogether absent. They generally take food well, often voraciously, and only in a few cases do they refuse it. If they conceive a delusion about its being poisoned, it does not last long and is soon forgotten in the absence of a memory, which is so characteristic of this disease, and this is one reason why the delusions are so constantly changing.

The whole duration of the disease is in some cases only a few months, usually though it will run two or three years, and sometimes much more. The most fatal form is that in which there is very marked emaciation and a rapid loss of strength, as a result of the constant unrest and the refusal of food.

Pathologists have not yet agreed whether the essential morbid condition in general paralysis is inflammatory or degenerative; whether changes occur first in the nerve elements, the stroma or the lymph and blood vascular systems. It seems to me more than probable that the beginning of the disease is to be found in some alteration of the blood supply, followed perhaps by a periarterial lymph growth, through some disturbances of the lymph currents, with a consequent malnutrition of the nerve structures, and then when the nerve elements begin to atrophy and disorganize, an overgrowth of the spider cells takes place with other fixed cell proliferation. Then follow the serous, sanguineous apoplexies and other symptoms. Considering the great difficulty of a positive microscopic examination of the brain, it is not strange that our pathology of general paralysis is somewhat defective.

The anatomical affection in general paralysis is by no means limited

to the cerebral cortex. We can often make out the loss of the fibers in the deeper parts, also in the white substance and in the central ganglia.

The changes in the spinal cord must also be mentioned here, and they consist in a systemic degeneration of the lateral or posterior columns. It is not always easy to distinguish between paresis and some other form of mental disorder. Each stage of the disorder has its difficulties.

The diagnosis of a beginning general paresis is of great importance, and to establish the existence of the disease we must prove the presence of both bodily and mental symptoms, which, on the whole, are progressive. To arrive at an undoubted decision at one interview or inspection is very often impossible, and yet it is this which we are called upon to do in nearly all cases. Patients are certainly sent to asylums as general paralytics by medical men, who certify them as insane on account of their extravagant delusions, after seeing these patients only once, and not having examined them carefully. Remember, that when you examine non-paralytic patients, under the excitement and strain of your scrutiny, they produce symptoms similar to general paralysis. Alcoholic disorders will often produce similar symptoms.

In making a diagnosis the previous history of the patient is very important. Remember, that chronic alcoholism resembles the second stage of general paralysis in many ways, but, as a rule, there is more evident loss of recent memory in the alcoholic than in the general paralytic.

Convulsions of kidney disease are often mistaken for general paralysis, and in some cases of alcoholic kidney disease dementia may have been slowly coming on before the fits, and difficulty may thus arise. But if you will bear in mind that albuminuria is rarely met with in general paralysis, the diagnosis is easy. I must also say here that in my own experience, I have not found the exalted delusions, which characterize general paralysis, in patients suffering from alcoholism. The emotional state was one of depression rather than exaltation in all cases.

I could never see why so many cases of general paralysis are mistaken by the general practitioner for neurasthenia. In neurasthenia the pupils are active and large, in paralytic dementia sluggish and immobile. In neurasthenia knee jerks are active and equal; tendon reflex in paresis, diminished, greatly exaggerated, or unequal knee jerks. In neurasthenia we have no fibrillary tremors of tongue or face—which are always present in dementia paralytica. No defects of speech are found in neurasthenia—always present in paresis. No evidence of mental decay is found in neurasthenia, while defects of the intellectual process stand out prominently in paresis. The depression of neurasthenia can be diverted and easily influenced for the better, the paretic will remain in his melancholic condition, no matter what influence you may exert. The neurasthenic never develops any delusions of self-importance, nor is he so hopeful, excited or optimistic. The history of cases show that the neurasthenic will develop a train of

symptoms dating back into his early life, while the paretic does not develop his symptoms till he has reached middle life.

Chronic mania can be distinguished by the history of previous acute mania and the absence of those physical symptoms which are so characteristic of paresis. In chronic alcoholism we often find some symptoms resembling paralytic dementia. But the great improvement, and even recovery which takes place upon the withdrawing of the alcohol, easily helps us to differentiate the two conditions. It is also well to remember that the delusions of the chronic alcoholic are suspicions and persecutory.

Disseminated sclerosis can be mistaken for paresis, but the peculiar staccato speech, the more jerky movements and slow progress should be borne in mind. In sclerosis the head is very often involved in the tremor, in paresis the head is never involved. Nystagmus which is so common in sclerosis is never observed in paralytic dementia.

Paralysis agitans, sunstroke and epilepsy may often give rise to a great many of the symptoms of paresis, but then we all of us know that epileptic fits pass and leave no paralysis, while in paresis the parts are paralyzed and enfeebled for some hours and even days after, that the epileptic fit leaves the patient without mental deterioration, while in paresis the patient is very quiet no matter how exalted he was before the fit.

The prognosis of general praalysis is very unfavorable. Paresis is uniformly fatal, and at present we know of very few recoveries, and even those are rather doubtful and should be viewed with a great deal of suspicion, mostly perhaps being cases of mistaken diagnosis. I will not say that no case of paresis ever ends in recovery, but it seems to me to be rather rare. What we do obtain and accomplish is a remission or a temporary recovery, and the more acute the onset, the greater the prospect and longer remission the patient is liable to get, and it is only in the very rare case that you will get more than two remissions in any single case. The usual course is from three to five years on an average.

The treatment of paralytic dementia can be divided into the general and special. First of all we remove the patient from all physical and intellectual exertions and from all mental excitement or worry. He must be taken away from his usual vocation, his method of life and diet must be regulated; and here, of course, will come up the consideration whether the patient can be properly treated at home, or if he should be placed in some asylum. Whether treated at home or not, one thing is sure—these cases do better in strange surroundings, and they should and must be separated from the nearest relatives, and complete rest and seclusion must be insisted upon. A committal to some institution therefore is certainly not only advisable but necessary in many of the cases.

As you probably know, general paralytics can be divided into two classes—those with a quiet dementia and those who are subject to paroxysms of blind, imbecile fury and violence. These latter require safe rooms with guarded windows and doors and protected grounds for exercise.

Specific treatment has made but little progress in this disease. Hyoscyamin, conium maculatum, cannabis and stramonium have their uses and indications. Antisyphilitic treatment in all its methods can be tried in certain cases, but has proved to be entirely negative in my hands. Counter-irritation along the spine is of some use. Tepid baths with cold sponging, application of galvanism to the head and spine prove of some service. I have discarded entirely the use of bromides and chloral in these cases; as specific veratrum and physostigma give the required results without the after effects of the above mentioned drugs.

Specific tiger lily produces a particular quieting influence in the female cases of paresis, and the indications are very distinct for this drug in quite a few of these cases. I remember well one particular case of paresis. The patient was in a hurry, as soon as she woke up—she had some great financiers waiting for her—she was very rich—she owned any number of railroads in Europe—she had to hurry to arrange some great financial deals—yet she was afraid to stay by herself—she would feel fine if she could get a husband—she was very excited, and complained of steady pains in mammæ and thighs—the tiger lily administered produced a quietude, and while she kept on talking of riches, her sexual symptoms abated and she was quiet and orderly. This drug should be further investigated in these cases.

In most cases of paresis, as long as we can not cure, we try and bring around a prolonged remission. I am not in favor of loading these patients up with kali iodid, or to salivate them with mercury, as I have seen cases sink rapidly under these two drugs. The glycero-phosphate of lime, in the male patients, gave me fair results in a few cases. In the terminal stages the prevention of bedsores is important. All other theories, such as the opium treatment, setons and vesicants, hydrotherapy, are complete failures.

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ASEPSIS AND CONDUCT OF LABOR.

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There is no better time to begin strict adherence to both chemical and aseptic cleanliness than when examining the pregnant woman before and at the time of confinement. There is not quite the danger of carrying infection some weeks prior to birth as there would be at the time of birth, yet there is a source of danger of carrying infection with the examining finger any time near and previous to birth.

In Vienna, in 1847, the foundation for aseptic midwifery was established by Semmelweis and perfected by Pasteur and Lister by chlorine solutions and other antiseptic measures to prevent the scourge of septicemia or puerperal fever, commonly called child-bed fever, properly puerperal septicemia. From this foundation the mortality of puerperal septicemia finally dropped from 10 per cent. to the fraction of 1 per cent. and has robbed childbearing of much of its terrors.

It took many decades of practical, experienced labor and research to be sure of all the true facts, and there remains plenty for the future generations of younger physicians to learn. But of one thing we are now convinced, that chemical scrubbing and thorough antiseptic treatment of the examining hand and forearm of the attending obstetrician has reduced the amount of puerperal septicemia.

Some years ago it was taught and asserted that any case of puerperal infection was transmitted from without and due to the examining finger of the attending physician, while of later years we know this is not always true, and on sober thought and knowledge of all conditions surrounding some patients, it would be a very unwise and, I might say, foolish conclusion. I am glad the physicians have in time past so regarded puerperal infection and have educated the layman to believe the same, for the reason it has made us more strict in our asepsis in attending puerperal woman. In earlier times it was claimed the vaginal secretions did not allow bacteria to live and thrive. It has of later years been proven we will or may find mixed infections, staphylococcus and even streptococcus bacteria in the vagina of both pregnant and non-pregnant women.

We will also be called to attend women affected with latent or chronic gonorrhea. The trauma of birth may revivify the gonococcic bacteria and your patient will have an excess of fever, which may at times be very mystifying, while not so serious as in the streptococcic infection, yet is very embarrassing to the attending physician and is hard to explain from the fact that the layman has been made to believe all cases of infection of the puerperal stage is due to the attendant, no matter if the nurse or other attendant has used unsterile cloths to a bruised, maybe lacerated, perineum. You may instruct some old ladies carefully, yet they think it a great waste to use a nice clean cloth, when it will soon be soiled anyway.

There is yet much difference of opinion pro and con as to the ante-partum, as well as the post-partum douche. Some claim the vagina of most women are often infected with more or less bacteria; and it is safer to use the ante-partum and post-partum douche; on the other hand, a large per cent. of physicians say you can not reach or kill all bacteria, and you would carry bacteria from the lower portion of the vagina upward, that might otherwise remain intact and be carried from within out by the ruptured water sack and birth of the child and normal drainage. Personally, except in acute or chronic gonorrhea, or other known infection, I do no ante-partum or post-partum douching. I have made this change more from

personal observation, than from outside influences. I have many times observed following abortion and miscarriage patients, after giving the douche, septic chills and temperature. In cases of seropurulent appendicitis, we elevate the patient and give them a good chance for drainage and I have seen them get well. We would not think of irrigating the abdominal cavity in these cases, or in cases of empyemia; what we want always is position and good drainage, other things being equal, we may expect them to recover. Since leaving off this habit of using douches in all cases, as I did one time, this line of practice is very much more pleasant to handle and much less trouble. Nature is a great eliminant of infection if given an opportunity.

Conduct of Labor.—My manner ordinarily (with exceptions of unusual conditions) when called to attend a woman in confinement, is first—history: time of expectancy, general conditions if not before known, to know if kidneys and bowels have acted, abdominal examination, external, a thorough scrubbing of hands and forearm with soap and water, use manicure, then soap and water, then inmmerse the hands for several minutes in either bichloride or cyanide mercury solution, preferably cyanide, which is less harsh to hands and harmless to instruments; then slip on rubber gloves which have been boiled and immersed in the above solution; attendant to have thoroughly scrubbed patient's genitals with soap and water and applied warm compress from the above solution to patient's genitals. When possible, or if a nurse is in previous attendance, I have the patient given a bath in a standing position. After digital examination, if there is sufficient dilation and conditions lead us to believe birth will take place in a reasonable time, I have my umbilical and other shears and two forcep clamps for cord sterilized by boiling, have bed dressed in clean linen; in fact, have the patient and bed dressed as they wish to be after the birth; and by following this technique and small details I have no change of sheeting for bed or gown for patient, after delivery of child, after bed and patient is dressed. I place over the bed a rubber sheet, after sufficient dilation has taken place and before the bag of water ruptures I place under the patient an obstetric pad (not a Kelley)—a large special obstetric pad with hollow outlet which can be hooked up. This pad I have had washed with soap and water and rinsed in antiseptic solution. Over the pad I place sterile gauze or cloths previously sterilized. When engaged to attend an obstetric case, I instruct the patient or nurse to sterilize two dozen vulval pads about four by twelve inches, made of cheese cloth and absorbent cotton; one-half dozen pieces of old sheeting about two by four feet, wrap them in old sheeting or towels, boil for one hour, then place in an oven until dry, never undo until ready to use.

My obstetric bag is leather, a special made to order for me, yet I must say, they are dangerous. I would advise a canvas bag to fit inside the leather one, then you can boil the canvas intact, if you wish. The bag I use is seven inches wide, eleven inches high, seventeen inches in length,

divided by lower and upper compartments. In the lower compartment I have a copper sterilizer, gown, sterile gauze, cotton and instruments, forceps, perineal needle, catgut, silk, placental auger, axis traction forceps, which I have never used but once although I have carried them twelve years, as well as a good many other instruments formerly thought to be needed which I have placed away never to resurrect.

In the upper compartment I carry sterile tape, nitrate of silver solution in ampoules, pituitrin, powdered boric acid, sterile petroleum in tin tubes, alcohol, obstetric slippers, chloroform and ether, quinine tablets, hypodermic, syringe, cyanide-mercury, borate sodium, antiseptic tablets (two to one quart 1-2000 solution), macrotys, gelsemium, veratrum, ergot, salicylic acid, H. M. C. hypodermic tablets, umbilical shears, ordinary shears, two forcep clamps, metal and rubber catheters, fountain syringe, rubber gloves, brush, liquid soap, rubber obstetric pad, baby scales, two cards of safety pins and some other things.

First Stages of Labor.—Physicians are often called at the first premonitory symptoms of labor, and if a long distance in the country, there is nothing to do but wait, if, in his opinion, time of expectancy has arrived and symptoms of true labor have begun. If in or near the city or office, the physician can attend some office work, as short calls, etc., while waiting. In leaving under these conditions, the physician will be asked for a prognosis of time of birth, etc. A positive prognosis of time under these conditions is unnecessary. It is usually more easy to tell the truth, that is, until true labor and the first stage is over, you can not tell. Tell them to wait, wait, wait! Under these conditions a physician can acquit himself with a good impression or make a very bad one. For instance, I remember a case not long since where a specialist in this practice said: "Oh, it won't be born for two weeks." He had not been away from the house only about one hour and a half until a baby was born and no doctor there. I do not know if he received a full fee or not. Such instances leave the impression with the layman that the physician's knowledge of the obstetric art is very meager.

The first stage of labor is from the first true labor pain until the os uteri is fully dilated or dilatable. The attending physician's duty during this stage, if no malposition or dystocia of child or maternal parts exists, should be of conservative waiting.

Posture.—In the first stage I allow any position that does not, in my judgment, interfere with the favorable progress of labor in primipara and some cases of multipara. In the early first stage of labor I prefer to have the patient take turns walking about the room between pains. If no contraindications, it will usually favor a better progress of labor. I have attended many patients who would have better, stronger pains in the recumbent position. In the second stage, I prefer the dorsal position. I have attended a few cases with the patient on the left side during delivery. Some prefer this position. I have no choice of hands or side of bed. I began early

to use my left hand in vaginal examinations at the office and in obstetric practice. My reason for choice of dorsal position in the second stage is, I can give better assistance and the patient can better assist herself in severe hard labor. She can, by the use of straps or obstetric slippers or other means support herself during the pain and cause them to be more effective. I find a small per cent. of women who prefer no support of any kind and any offered makes them nervous and destroys the effects of the pain. In such cases the physician should not force these apparatuses upon them. Some authorities recommend the physician not to remain in the lying-in room during the first stage of labor. I would not and have not made this a fast rule. It all depends so much on the family, the patient, conditions, etc. It will have to be left to the judgment of the physician in attendance. There are patients and husbands who will censure you if you do not remain in the room after real labor begins. I have heard more censure against physicians sleeping or resting in another part of the house while the patient was in strong labor than from any other omission or commission in obstetric practice. Personally, I have many times in a tedious first stage of labor after the examination, advised an arrangement of bed, temporarily retired, with instructions to be called at a certain time or a certain increase of pain. I first make sure my presence will not be needed and the patient and family will not feel I am shirking my duty. Some families expect you to do so, others will censure you for so doing. Some patients, owing to nervousness, will not do well in the early first stage while the physician remains in the room.

Oft repeated examinations in the first stage of ordinary labor with no complications are not necessary and are open to just censure. On my first examination I take plenty of time to inform myself of presentation and of dystocia. If not before known, for dystocia of presenting parts of child, condition of, as to softening or dilatability of perineum, effects of pains, etc. until thoroughly familiar with these conditions, then I leave my observation to external conditions and the nature of the labor pains. After some experience, any physician in ordinary cases can do the same, and if one can not to some degree follow along these lines, he should not undertake obstetric practice.

I never make an absolute prognosis of the time of birth during the first stage and only probable in the second stage. It is not necessary. I have many times thought it would be over in a short time. After waiting two or three hours, I have had to use instruments to make delivery. I give as few drugs as possible. The majority of obstetric cases I attend, I never give any drug of any kind. Beware of drugging and meddling in the early stages of labor. A good illustration of the above advice is this: Within the past eight months I attended a patient with flat, contracted pelvis, aged twenty-two, primipara. I had taken her measurement with a pelvimeter as well as digitally, at the time of my engagement, with a prognosis of probable delivery with instruments, if the child was medium

or undersized. Was called about 10 o'clock one night; it looked much like the beginning of labor. I made an examination and was in doubt of being able to deliver natural. The pains subsided. I went home and arranged to bring Surgeon W. S. Grayson with me in consultation the next day. I did so. He made the same measurements I had made and gave his opinion that it could be born naturally. Two days after I was first called I was again called, and found the patient in labor, pains regular and strong. I placed my instruments in the sterilizer the first thing, knowing that it would be the best I could hope for. After several hours of hard labor I found the head would or could not engage in the pelvis, and sent for Dr. W. S. Grayson, the surgeon. He gave her ether. I inserted small forceps, but could not cause the head to engage. After satisfying myself it could not be delivered, I told him so and invited him to try. He did so, without success, and he tried to place my axis traction, but there was not room to insert them. We immediately called an ambulance, had her taken to the hospital some five blocks away and did a Cesarean section, delivering the child. The mother never had any excess of temperature, and less trouble than any patient I have attended in the past year. Never had the severe vomiting or nausea which usually follows ether, although she had two separate anesthetics inside of a few hours. The mother and child are both in fine condition. Had I given ergot, pituitrin or other drugs to this patient, it would have been harmful and of no avail. In about one hour and a half after failing to make forcep delivery, we did the Cesarean section at the hospital with proper management.

The days of hooks, perforating cranioclast, etc., are past, in fact, I no longer carry them in my obstetric bag. I should prefer the Cesarean thus avoid bruising, with less injury and danger of infection.

The mortality of Cesarean section has been due to the fact that in times past the only cases so operated upon have been those where every other effort has been put forth, until the patient was exhausted and perhaps infected, bruised or lacerated and ready to die, the operation being chosen as a last effort. Under proper management, there should be only slightly more danger in the average case than any other abdominal operation.

I never aim to rupture the water sac early, let it come well down until it makes pressure on the perineum, then if it does not rupture I puntcure it. In the last stages of labor with a rigid perineum, if labor is advancing rapidly at the beginning of and during each pain, I stretch the perineum with two fingers as much as it will bear, and if the head is advancing too rapid, I hold it in check until satisfied that the perineum is dilated sufficient for the head to pass over without laceration.

In all cases where not contraindicated in primipara and most cases of multipara, when the head nears or is in contact with the perineum, I administer a varying amount of chloroform between pains, never enough to

destroy the efficiency of labor. This promotes dilatation, relieves nervous strain will reduce the per cent. of lacerations. If a perineal tear takes place, I make immediate repair with catgut. By so doing we have everything to gain and nothing to lose. It is a great mistake to not have full view of the mechanism of labor during the last stage. By so doing you can be more aseptic, not being forced to be in contact with bedding, etc.

After birth I use two clamp forceps to the cord and sever. Next, drop silver nitrate solution in the baby's eyes; then instruct the nurse to use olive oil, petroleum alba, or lard, in place of water and soap for cleansing the baby. While the nurse is attending to the baby I deliver the placenta, then place a sterile pad to the patient, remove the obstetric pad, leaving the rubber sheeting under the patient; then take cyanide solution and thoroughly sponge the patient, dry and place another antiseptic pad to the vulva, place the binder on the patient, withdraw rubber sheet, having previously placed an absorbent pad under the patient. I then tie and dress with boric acid the umbilical stump and examine the genitals of the baby. There is no soiled bedding or gowns to laundry and no change to make after the birth of the child.

The practice of obstetrics should be regarded as much a science as any special branch of medicine or surgery and requires as much skill and self-possession, and if so regarded and practiced the gynecologists' and surgeons' business would be very much decreased. It is a sacred duty we owe to our patients and profession that we do not look upon obstetric practice as a necessary attachment to the practice of medicine that requires no great amount of skill or consideration. One who so regards obstetric practice should never accept a patient in confinement.

It is impossible in an essay to give more than a slight outline of the above title; it would take a very large volume to do so. I believe I have not advanced anything new in this paper; my only object is that we may try to excell.

DISCUSSION.

Dr. Tindall (Shelbyville): Doctor Smith has given us a very complete, thorough paper on this subject, and there is not a thing in it that could be criticized, and yet there are a good many things that are recommended that we can not do in the ordinary case of obstetrics. I have had about twelve hundred obstetrical cases. I have never had but one case of puerperal septicemia, and that was where the child was born before I arrived. It is not my rule at all to use an antiseptic on my hands. I use soap and water and try to make them as clean as possible. I never use rubber gloves. Dr. Smith carries enough stuff in his obstetrical bag to take all the money I have made in my twenty-five years of practice. A great many of our people are poor, and the usual price is ten dollars, and we usually miss every fourth one.

Dr. W. N. Mundy: I was much interested in Dr. Smith's paper. I have discarded the rubber sheet, and instead I carry a paper sheet, which is afterward thrown away. I find it is very convenient to carry and takes little room. The Kelly pad I discarded twenty-five years ago. And there is one thing more I wish to criticize. I, personally, will not use nitrate

of silver in an infant's eyes unless I know there is an infection. I carry boric acid and I personally supervise the toilet of the eyes, not leaving it to the nurse, and in a practice extending over thirty years, with about fifteen hundred cases on record, I have never had a case of ophthalmia. That is the only objection I have to this paper—the nitrate of silver. Of course, there may be some difference in the communities in which we practice. Mine is essentially a family practice, and all American. I have no foreigners, and only one colored family.

Dr. John D. Estell (Cincinnati, Ohio): Dr. Mundy says he has discarded the Kelly pad. I think if he was down in the neighborhood where some of us are he would find he would want a Kelley pad and would want to take a great many precautions in an antiseptic way, especially when you treat foreigners. In our locality we get Russians, Poles, Roumanians and Slavs, and the environment is not the best, and to make a pad from paper there—well, I would want to know what was on the papers before I used them.

Dr. Mundy: I use a paper put up especially for that purpose.

Dr. Estell: With a Kelly pad you can keep a bed from getting soaked, and I can deliver a patient with as little exposure as I would have in the office. You place your sheet, and the sheet falls between the limbs, and there is no unnecessary exposure, as we sometimes see when the nurse prepares the patient. Some doctors do not advise the use of stirrups, but I use them, for various reasons. I also use an obstetrical harness that goes in under the small of the back. It gives support to the back, and as the pains come on and the patient bears down it brings pressure right where she is having pains. I would not be without an obstetrical harness and I would not be without a Kelly pad. As to the use of the douche, I think a great many times where we have trouble is where we use a syringe that is in the house, and if you open them you will not wonder that you have infection.

Dr. A. E. Teague: I carry a rubber sheet that covers the bed from one side to the other, and from the head to the foot. The Kelly pad I would not give five cents for in my practice. I have had cases where the woman carried so much water that when the membrane ruptured it would run clear over the Kelly pad and go through the mattress and clear through and run on the floor. I have waited on women of all nationalities almost—Hungarians and all kinds. I had a Hungarian woman and a Hungarian nurse once, and when I severed the cord and handed the baby to the nurse she brought in a dishpan about half full of warm water, set the baby in it and washed it; then after she dressed the cord she took three or four small squares of canton flannel, laid the baby on them and rolled them around it, then she took a binder about the size of my middle finger and began at the bottom and wrapped that baby as straight as it could be wrapped from head to foot, and left it that way for a number of days.

Dr. H. M. Powers: That sounds so natural that I can not forbear telling my experience. Eight out of ten of my obstetrical cases are among these foreigners, and I want to tell you that five out of six of them are up the next day and doing their work, and I have never had a case of puerperal septicemia. They will get up and mop the floor in the winter time in their bare feet, and do not have any trouble from that. I have had puerperal infection in some cases, but it has been among the better class of women that laid in bed and had good care. Of course, these women age rapidly, but so far as infection is concerned, I have never seen a case among them. I do not carry a Kelly pad, or rubber sheet, or anything of that kind. I use what I find in the house, because nine times

out of ten I do not know they are going to be confined until they send for me.

Dr. Smith (closing): In regard to boric acid and nitrate of silver, I will say that I previously used the boric acid solution; but the laws of the State of Indiana compel you to use nitrate of silver, and you are asked on your birth report whether you did or not. Speaking about the Kelly pad, I do not use one, and have not for twelve or fourteen years, but I do use a large obstetrical pad. I know Dr. Tindall is in as good a territory as I am, and I think it is a matter of educating your people. We make them pay us. We get fifteen dollars—and that is not enough for an ordinary case—and if there is any extra time we charge them for it. I think this is a matter of educating your people.

PELVIC INFLAMMATION; ITS ELECTRICAL TREATMENT.

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There is nothing which offers such a prolific field to the surgeon as pelvic inflammatory conditions and yet, if the following electrical methods are made use of, the major portion of these cases can be cured without resorting to the knife. We refer to the high-frequency current obtained from the office cabinet of a high-frequency transformer.

In a previous article we called attention to the treatment of "Endometritis by Electrolysis" by means of the direct current battery. There is nothing in the catagory of medical science which gives better results in the treatment of these chronic cases than this electrical method of treatment. But in the acute cases of the inflammatory state of the organs of the pelvic cavity, the direct current electrolysis is absolutely contraindicated. It is here, then, where the application of the high-frequency method can be applied with astonishing success in relieving pain, subduing inflammation and promoting absorption of exudates resulting from this inflammatory condition.

In order to emphasize this statement the following observations will illustrate the method employed by the writer:

Observation 1: Mrs. W., aged twenty, of excellent family and personal history. Had a miscarriage of six weeks with a complete expulsion of the uterine contents. Hardly had she recovered from this experience when a copious yellow and purulent discharge took place and accompanied with almost constant pains in the organs of the pelvic cavity. A microscopical examination was made of this discharge, which revealed a gonococcus infection. Her husband had previously applied for relief from this yellow discharge which, on microscopical examination, was also found to be of a gonorrheal nature. The lady was confined to bed, suffering severe pains and hemorrhages. The usual indicated remedies and other various methods were tried with unsatisfactory results, including the vaccines, for about two weeks. We now insisted that the lady should come to the office for high-frequency treatment, and it was with difficulty that this was accomplished on account of the severe pain and the consequent inability to walk.

However, she was brought to the office daily for a week, after which she came without assistance.

The high-frequency treatment was applied by inserting into the vagina a sterilized glass vaginal insulated electrode and a metal block-tin electrode was placed over the anterior portion of the pelvic region. These electrodes were connected to the machine so that this current would penetrate through these organs, the body of the patient not being charged, and the only sensation being one of warmth, 125 m.a. were given daily for eight minutes, after which a tampon, with a solution of ichthyol, 10 per cent. in glycerine, was inserted into the vagina. After the third treatment the pain subsided. These daily seances were continued for two weeks, after which every other day for the period of two months was sufficient to completely relieve the lady of her aches and pains and who was now able to resume her usual duties, as she said, feeling fine. A microscopical examination of the discharge was again made when near the end of the treatment which was found to be free from any gonococcus infection.

Observation 2: Mrs. H., aged twenty-eight, family and personal history good. Five years previous to our acquaintance the lady had had severe pains in the right ovary as a result of indiscretion during her menstrual period and which was always a source of annoyance and pain since then. She was advised to undergo an operation for the removal of the tube and ovary, her condition having been diagnosed as an inflammation of these organs. She, however, refused to submit to any operation.

On our visit we found the lady suffering excruciating pain in the other ovary, the left one. On examination, found the ovary enlarged, painful and a sense of fullness in the vaginal vault; the uterus immovable, retroverted with the cervix turned upward and pressing against the anterior wall of the vagina and the bladder, thereby causing a constant desire to pass urine and which was also painful.

The usual indicated remedies were given to relieve pain, inflammation and fever; also ichthyol tampons were inserted into the vagina and hot applications applied externally. After two weeks of such treatment, the lady was brought to our office for high-frequency treatment as in the previous case. This was continued daily for one month, then on alternate days for two months longer. On examination at this time it was found that the organs in the pelvic cavity were perfectly normal, the uterus in a normal position and a grateful patient in consequence.

Observation 3: Mrs. B., aged twenty-two, family and personal history good. Had not been well since the birth of her baby two years ago. Always had since that time an enlarged abdomen, pain on the right side over the location of the appendix and the ovary, and a copious yellow discharge, which would cease entirely; then, after severe pains and chills, would again commence to discharge profusely. She had refused to undergo an operation for the relief of this condition.

Examination revealed a subinvoluted uterus, tender ovary and appendix

and a thickened fallopian tube which contained pus. She applied for relief by electrical methods, absolutely refusing to be operated upon. Advised the lady that electrical treatments may compel the necessity of an operation, but she was perfectly willing to have this method tried before resorting eventually to the knife.

On account of the perfect drainage through the uterus from the tube the direct current was used, the lady receiving the positive intra-uterine copper electrolysis for the subinvolution and also to promote the evacuation of the abscess cavity in the tube. The negative pad was placed on the abdomen, the positive copper amalgamated electrode into the uterus, and a current of ten m. a. was given for twenty minutes on alternate days. After the fourth treatment the pus discharge became less but a severe hemorrhage now took place, which required the most strenuous treatment. The lady was five weeks in bed before the hemorrhagic condition finally subsided; the pain in the ovary and appendix still continued however. As in the previous cases, the lady was brought to the office daily for high-frequency treatments as heretofore outlined and after three months was discharged perfectly well.

It is well to note that, in Observations one and three, there was good drainage through the uterus from the fallopian tube, in consequence of which we felt encouraged to try and save these cases from surgical interference. Had the opening from the tube been closed, and the pus sealed up in consequence, it would have been impossible to successfully treat such cases except by surgical interference. In such an event an operation would have been imperative after a few electrical treatments. Such has been the experience of the writer and other observers who are using this method.

That the high-frequency current will kill the gonococcus there is no doubt. This has been proven by a microscopical examination of the discharge, before and after treatment, both in males and females. The bipolar high-frequency is just as effective in chronic cases of specific posterior urethritis. A metal rectal electrode is introduced into the rectum and an insulated urethral electrode with a curved metal stem into the urethra for eight minutes with 75 m. a. on alternate days.

In acute specific urethritis the monopolar method is preferable. The glass urethral electrode in the urethra daily for seven minutes will kill the gonococcus and dry up the discharge in less than a week. It is not advisable, however, to neglect the administration of the proper indicated remedies. In the female, the glass vaginal electrode will be equally as good and will thereby prevent the infection from extending to the tubes.

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TREATMENT OF THE INITIAL STAGE OF SYPHILIS.

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While the secondary symptoms of syphilis vary in an indefinite number of ways, the initial stage is always a chancre, seen or unseen, and the

treatment of this initial lesion will differ somewhat in accordance with the location.

After a period of incubation, the average time of which is twenty-five days, a chancre appears at the point of infection, generally upon or in the vicinity of the genital organs; but this primary lesion may be found on any portion of the body. Pospelow, of Moscow, reports 198 extra-genital chancres in his practice; of these forty-nine were upon the lip, one upon the gum, three upon the tongue, forty-six upon the tonsils, sixty-nine upon the female mammae, one upon the chin, three upon the eyelids, ten upon the trunk, eight upon the upper extremities, four upon the nates and thighs. In the writer's practice chancres have been found upon the lip, tonsil, tongue, nose and fingers. Of the finger chancres all were of the right index finger except one on the right thumb. However, this paper is to deal not with the diagnosis or location of chancre, but the treatment.

It has been suggested that syphilis might be aborted by excision or cauterization of the sclerotic sore, but these writers seem to overlook the fact that the manifestation of syphilis has only appeared after several days or weeks and that the body is thoroughly permeated with the virus, so that to remove a mere local evidence of a general infection would not, and in fact never does, have any influence whatever in subduing the general symptoms which occur later. Besides, while the primary sore might be readily excised or galvano-cauterized when upon the genital organs or superficial, in its deeper and internal locations this would be a difficult matter. When deemed necessary to excise it in order to allay the patient's anxiety it may be done, and when for "moral effects or prudential reasons" it is thought best to cauterize, the galvano-cauterization is probably the best; but it should ever be borne in mind and also carefully impressed upon the patient that these measures will in no way influence the subsequent evolution of the disease. In many cases neither excision nor cauterization results in cure, and the later condition is less manageable than before, even if the neighboring inguinal glands have also been excised.

An external chancre will usually heal when gently cleansed and dusted with powdered boric acid, and this is the treatment which has been most successful in the writer's practice. Boric acid, however, is less rapid than iodoform or aristol; still the odor of iodoform is often objectionable to the patient, and as there is really no reason for great haste in the removal of a mere local manifestation of a disease already generalized, the boric acid is preferable. In chancres which show a tendency to ulcerate and enlarge, salol acts well, while mercurial ointment will soften the sclerotic base.

The remedies which may be applied to the initial lesion of syphilis are as numerous almost as the physicians treating such cases, and each surgeon has his favorite, consequently there is a long list of such remedies. Calomel with bismuth, powdered cinchona bark and bismuth, iodol, resorcin,

hydrastis, etc. Professor Howe's favorite application was pulverized borax, while Professor Scudder recommends tincture iron, tincture iodine, bismuth or Mayer's ointment.

When a chancre upon the penis is painful, much relief is experienced by keeping the organ immersed in a solution of boric acid as hot as can be borne, and as many hours each day as possible. After drying, the sore may be powdered with boric acid until the next immersion. It is sometimes beneficial to paint the sore with tincture benzoin in which a small quantity of bichloride of mercury has been dissolved, one grain to the ounce. This is protective as well as cleanly and antiseptic. The chancres should always be shielded from irritation or injury, and for this purpose soft and thick wrappings are advisable, and at times it will be well to raise the penis against the abdomen, or fasten it in the groin so that it will not hang pendant; but in no case are elastic or constricting bands to be placed around it with sufficient force to obstruct the circulation.

In chancre of the labia, the treatment will consist in cleanliness and antisepsis. The labia should be separated and the sore washed with soap and warm water. After drying, iodoform or boric acid applied. The lips should then be kept apart by a pledget of lint or absorbent cotton. In cervical chancre the powder should be covered with a small piece of lint, a tampon of absorbent used to keep the lint in contact with the sore. Salves and greasy ointments should, as a rule, be discarded in the treatment of chancre, but borated vaseline may be used to prevent the dressing from sticking to the affected parts, thus obviating pain and hemorrhage upon redressing. When the chancre is situated in the urethra, the treatment is somewhat difficult, depending, however, upon its distance from the external opening. In the male, immersion of the penis in a bowl of warm borated water during urination is a proper proceeding, and the injection of a saturated solution of boric acid four or five times daily tends to relieve; or soluble bougies of iodoform, aristol or mercury ointment may be used either in the male or female.

Anal chancre may be treated as those elsewhere. Chancres of the eylid are to be treated with warm saturated solution of boric acid. Chancres when occurring upon the lip require especial care, and the patient is usually very much concerned in their rapid cure. After the cleansing and application, a small piece of lint may be fastened with adhesive plaster.

Chancres upon the margin of the nares should be promptly treated by constant attention, with the use of boric acid or other dressings, so that the sore may be healed as soon as possible; otherwise disfiguring deformity may occur. Chancres of the tongue or tonsils require applications of saturated solution of boric acid frequently, and a mild solution of silver nitrate applied occasionally will often hasten a cure.

The general treatment of chancre is that which will tend to improve the health of the patient, and while specific antisyphilitc remedies may at this time be employed they do not give the brilliant results that are seen

in the later manifestations. And, above all, it must be remembered that when the chancre is healed the disease is not cured, and that within a certain time, thirty to forty days, syphilodermata and mucous affections will appear.

CHROMIUM SULPHATE.

T. D. Hollingsworth, M.D., Akron, Ohio.

There is much less chromium sulphate used in medicine to-day than was used a few years ago. A drug salesman told me that while there was a less sale of chromium sulphate to physicians than formerly, he had on his territory quite a number of good conservative men who were constant users of the drug. Many extravagant claims were made of its curative properties that were not proven clinically.

Chromium sulphate has no poisonous action so far as I know, and in reading I have found nothing to confirm what one writer claimed, that if given in too large doses dizziness would result.

In giving it in doses of eight grains four times a day I do not believe any noticeable effect is seen. Coated tablets are best to use, as the uncoated ones crumble when exposed to the air, and the color is so marked a green that the patient will soon know what he is taking, which is not to the best interest either of the patient or physician.

Chromium sulphate is very slow in its action and must be given a long time to obtain results.

One physician told of one patient that could not take chromium sulphate in large doses as it was an active cathartic in her case; that is the only one so affected that I know of.

In chromium sulphate we have an excellent remedy for nervous prostration, in teachers and others who overtax the nervous system and do not get enough physical exercise in the open air, and can not take time to rest. We can build them up and keep them going by giving them this remedy. The improvement is gradual and permanent if the patient will use an ordinary amount of caution and rest when tired out.

Chromium sulphate is claimed to benefit some cases of goiter; I do not know the class of cases in which to expect improvement, but would not look for much improvement in exophthalmic goiter. I have one case of simple goiter to whom I am giving chromium sulphate at present, and the enlargement of the gland is much smaller than it was before the remedy was given.

I have seen good results follow its use in enlarged prostate glands that were large enough to interfere with urination. An old soldier who had trouble in urinating for a long time, and many times was compelled to use a catheter, was much better after taking chromium sulphate; he had no trouble in urinating for one year after using the remedy, and I can not say how much longer, as I lost track of him after that. I do not believe it is the remedy for all cases of prostatic enlargement, but am

not able to make a differential diagnosis between the cases it will help and those it will not.

The claim is made that it will reduce hypertrophy of the uterus. I can not say as to this, as I have never used it in these conditions.

I believe the drug is worth a thorough clinical study, and in doing this the specific indications will be established and a valuable remedy for a few conditions will be kept in the materia medica.

SPINA BIFIDA AND HYDROCEPHALUS.

Richard J. Lambert, M.D., St. Charles, Ill.

These two troubles so often occur in the same patient that I thought it best to consider them together, then present a couple of cases coming under my observation within two weeks of each other. But I will not take your time to cite two other cases of spina bifida and two cases of hydrocephalus that came under my care at different times.

HYDROCEPHALUS.

Synonyms.—Dropsy of the brain, water on the brain.

Definition.—Is a congenital or acquired condition in which there is a great accumulation of fluid within the cranial cavity.

History.—The location of the fluid varies, but is most often found in the ventricles of the brain. We recognize two varieties, acute and chronic, which may again be subdivided into internal and external. The chronic, or internal or congenital (hydrocephalus) is the most common form, and also the one we usually mean when we speak of hydrocephalus. The term "internal" usually denotes the cases where the effusion is external to the brain.

Under etiology we find the predisposing causes are: Age, usually early years of life, but may last until early adult life. Adults may be affected. Sex—either sex may be affected.

The hereditary causes may be due to syphilis or tuberculosis of the parents. It was noted that apparently healthy mothers of children afflicted with hydrocephalus aborted more frequently than those who had borne normal children. Heredity certainly has some influence in a number of cases.

The previous conditions influencing may occur from atrophy of the brain following some wasting disease. It is thought that chronic inflammation of the ependyma may be the essential lesion in numerous primary cases. The cause is not clearly understood, yet some claim that nearly all cases are congenital and begin during the latter months of intra-uterine life. We find that overwork and worry in the mother are important factors in determining the occurrence of primary hydrocephalus. A number of cases are clearly syphilitic. Rickets are also associated, but not enough to make it a definite etiological factor. Its connection with tuberculosis is doubtful.

The pathology shows the amount of fluid varies from six ounces to

half a pint. Larger quantities have been removed. The brain is anemic. The gray and white matter often become indistinguishable. The changes are usually only slight at the cortex, which will stand a great deal of compression, if it is gradually applied, without interfering with its functions. The ependyma is usually thickened and pale, sometimes infiltrated with new cells (granular), yet may be extremely thin with degeneration of the nerve elements. The foramen of Magendi and other communications between the ventricles are greatly enlarged. We have cases reported in which the openings were closed, and in these cases the symptoms resembled a brain tumor. The septum lucidum usually is broken down, but at times may be thickened. The bones of the head are affected, being very thin, and the sutures usually being widely separated and are often closed with wormian bones. They may not be closed until the fifth or sixth year.

The symptoms are: First, the temperature varies from subnormal to 103° F.; the respiration is accelerated and full; the heart rate is usually increased and irregular, but may be slow and shallow. The digestion is impaired and the functions of the stomach are more or less destroyed. Strabismus, blindness, rolling of the eyes in an oblique direction, the upper eyelids failing to cover the eye, are all common symptoms. In cases where the hydrocephalus begins late and the bones are ossified, we find symptoms of tumor or pressure, such as headache, mental dullness, blindness, rolling of the eyes, squinting, vomiting, various disturbances of the digestion. The urine usually is increased in amount but normal in findings. Albumin is present in a few cases. There may be headaches, sleeplessness, irritability and restlessness, with an intolerance of light lasting from a few days to weeks. Convulsions occur frequently and may change the general condition of the heart. In the secondary acute hydrocephalus the symptoms are those mentioned combined with the symptoms causing hydrocephalus.

The Course of Disease.—The onset may be slow and insidious. It often follows intestinal troubles. With a sequela showing the development of intelligence is slow and often imperfect in children. The child learns to speak with difficulty or not at all. Blindness often occurs. There may be other mental symptoms, especially in the congenital cases. The children are idiotic and die at an early age, often from convulsions.

The complications are spina bifida, meningocele or encephalocele. These are often associated with hydrocephalus.

The diagnosis is made by the abnormal size of the head, unusual size of fontanelles and imperfect union of the sutures of the skull. This can be arrived at by a careful measurement of the skull and a comparison with normal cases. The cases in which the bones have become ossified will be much harder to diagnose.

A differential diagnosis should be made from hypertrophy of the brain and rickets. In this case the enlargement is irregular, and due to a thickening of the bones, and there would be other signs of rickets.

Our prognosis is usually fatal in congenital cases before the end of the

Fig. I.

Fig. II.

first year. A few live to seven or eight years of age. Some cases cease spontaneously, but retrogression is unlooked for and the child goes through life mentally impaired and with a head larger than normal.

The general treatment is potassium iodide and other general alteratives. If syphilis enters into the case, an anti-syphilitic treatment should be instituted at once. Compression of the skull by any means that gives equal pressure to the entire vault and sides of the cranium should be employed. Occasionally aspiration of the fluid is advocated.

SPINA BIFIDA.

Synonym.—Hydrorrachis.

Definition.—A congenital defect of development involving a cleft or defect of one or more of the neural arches with the protrusion of a hernia-like sac formed by some of the spinal membranes with or without the cord or nerve roots. It occurs about once in one thousand births. (Wernitz) Keene's Surgery, Vol. II, p. 820.

Etiology.—Unknown. May be caused by amniotic bands and local inflammatory processes (Virchow), or a disproportion between the growth of the canal and cord (Recklinghausen). It may be an imperfect separation of the skin and medulla (Marchaud, Ranke). All have been suggested. The last is the most satisfactory (Keene). In the embryo the epiblastic medullary ridges come together to complete the medullary tube and its central canal. The epidermis is thus completed across the middle line and is soon separated from the medulla by the extension between them of mesoblastic tissue which forms the meninges, vertebral muscles and fibrous structures. The neural arches of the vertebra are completed posteriorly by the growing together and fusion in the median line of the two laminæ, each of which is ossified from a separate center. The fusion commences in the upper dorsal region and extends in both directions. Its failure causes a median posterior defect most common at the lower part of the spine which closes last. In very rare cases the protrusion takes place through a lateral or anterior defect. There are three varieties generally recognized. The defect may be confined to one arch, yet several are often involved, but rarely all.

Rachischisis is a complete absence of union of the walls of the medullary canal. The whole canal may be involved, or it may be partial and limited to a few vertebrae, but is usually found in the lumbar region. There is much confusion in nomenclature, pathology and description, yet we recognize three varieties: (1) Spinal meningocele; (2) myelomeningocele, also called meningomyelocele; (3) myelocystocele (syringomyelocele). The latter variety may be combined with meningocele, called myelocystomeningocele.

The pathology shows that these forms have in common a cleft in the bony canal. Rarely a meningocele may protrude between two normal arches, in which case the opening often becomes closed, so that the sac no longer communicates with the subarachnoid space.

The cleft in meningocele is usually small and a little to one side of the median line. In the myelomeningocele it is large, involving four, five or more vertebrae.

The myelocystocele is small, involving one, two or three vertebrae and comparatively narrow in most cases.

Symptoms.—Many meningoceles give no symptoms apart from the presence of a tumor. Other cases of spina bifida show more or less paralysis of the bladder, rectum, or both, often combined with varying degrees of paralysis of the lower extremities. Other abnormal conditions may also be present, especially hydrocephalus, club-foot or defects elsewhere. Not infrequently the bony cleft can not be felt, owing to the size and the tension of the tumor, or the amount of the surrounding fatty tissue; but in such cases it can be shown by the X-ray, except in very young subjects.

Diagnosis.—In congenital origin the size varies. The position of the tumor filled with fluid whose tension varies, with posture and expiratory efforts (coughing, crying, etc.) render the diagnosis easy.

A differential diagnosis of varieties is of great importance, for the prognosis and treatment. This may be impossible until the incision is made. Complete clefts, rachischisis, and the open form of myelomeningocele are readily distinguishable on account of the defect of the skin.

The *prognosis* is generally unfavorable. Most cases die early. Of 649 children who died of spina bifida in England in 1882, 612 died within the first year. Among ninety cases not operated on, the majority died in the first few weeks, only twenty lived to be over five years of age.

Usually the tumor increases in size; the skin is then likely to ulcerate, resulting in perforation of the sac, infection of the meninges and death. Very frequently rupture is followed by spontaneous cure. When the sac communicates with the ventricles of the brain, sudden evacuation may be quickly fatal. If the first few weeks of life are survived paralysis of the bladder with the constant danger of urinary sepsis always threatens life. Most cases living five years or more are meningoceles.

Spina Bifida—Most Recent Methods of Treatment.—"It is not many years ago that surgeons hesitated, and justly so, from operating on the spinal cord and brain, but to-day operations on these parts are undertaken that were not dreamed of before the days of asepsis." D. LaFerte says: "I became accustomed to believe that it was better to let the patient die a natural death. Now my custom is to operate on all cases save those in which the sac is ulcerated and septic. The surgeon who makes such a division of his cases becomes then almost a radical, as only a small proportion of the cases are of the latter class. The point to be decided is to judge as to the best method of operating, and there should be no difficulty in choosing between the almost obsolete methods, of tapping, injecting and tying, and the simple and comparatively safe operation of cutting and excision of the sac." The above writer then says that as much skin flap as possible should be had in operating, so that the opposite flaps can be

brought together, raw surface to raw surface, by one or more rows of mattress sutures, thus leaving a ridge of tissue that will eventually contract and give a firmer covering than if a raw edge to raw edge suturing of the skin had been done.

La Ferte also says that whether or not paralysis is to be regarded as a contraindication to operation is still an open question. Some observers do consider it a contraindication, while one surgeon to whom he refers operates even if paralysis exists, the latter sometimes disappearing altogether after the operation. In such cases paralysis may have been caused by a stretching of the nerves instead of by destruction of nervous element.

Dr. N. S. MacDonald, writing in February, 1911, on spina bifida and its treatment, said that in many cases palliative treatment only is indicated, measures being taken to prevent ulceration and thus tiding the condition along until suitable for radical treatment. Daily sponging of the surface with alcohol and the application of a drying powder, or frequent applications of sterile vaseline should be made; but if rupture occurs immediate excision and suture are indicated to avoid infection. When the open operation is contraindicated, aspiration of a dram or two of the serum may be done, followed by injection of a dram of Morton's fluid, which consists of iodine, 10 grains; iodide of potassium, 30 grains, and glycerine, one ounce. When there is promise of a cure, MacDonald says that this treatment should be repeated every ten days for two or more times, and adds that the cure by this method results from the adhesion of the sac walls due to inflammatory reaction. He, however, states that the injection method is more or less dangerous and its efficiency is very questionable.

The London Clinical Society reported on seventy-one cases treated by this method, thirty-five of which were cured, four improved, five did not improve, and twenty-seven died—a mortality of 38 per cent. Morton's own statistics, however, give a mortality of but 15 per cent.

MacDonald further writes: "At the present time, the open operation is almost invariably the one of choice. Hydrocephalus, marked paralysis and irreparable deformities elsewhere are considered contraindications for operation. Marked improvement, or even cure, has occasionally followed operations where the paralysis of the lower extremities was pronounced. It is evident that in all cases presenting moderate symptoms of paralysis the operation is indicated, and in the extreme conditions the operation should be advised, if for nothing more than relief from the unsightly deformity."

Opinions differ as to the age when operation should be done; some writers advising it as early as possible, others would wait for some months or years, while, in MacDonald's opinion, the older the patient, the better is the promise of success, since the shock is less and danger of infection from bowel discharges is also diminished. He gives the mortality in cases operated on within the first few months of life as 35 per cent., while in

those of five years or over the mortality was only 4.7 per cent. Meningoceles he regards as the most favorable variety for operation.

Dr. J. B. Murphy, in "General Surgery" (1912) refers to a new step in the technique of operation for spina bifida, as noted by B. B. Cates in his article published in 1911. Murphy says: "In not one of seven cases was there enough bone at hand to cover the opening, so he used the deep fascia by dissecting enough from without in to cover over the defect when turned towards the middle line. This fascia is strong and dense enough to form a firm bridge. It is not necessary to overlap the flaps, simply stitching the edges together with fine catgut. Indeed, Cates thinks he caused necrosis in one case by imbricating the flaps, thus cutting off the blood supply."

Rose and Carless, in their recent "Manual of Surgery," in writing of the treatment of spina bifida, refer to the methods by acupuncture, tapping and compression, also tapping and injection of Morton's fluid, and then adds: "Of late years treatment by an open operation has been coming more and more into vogue. Naturally, it is chiefly applicable in the meningocele type, and infants, or those suffering from trophic phenomena, do not stand it well. An incision is made over the sac, either in the middle line, if the cord is not there, or to one side, if it is. The child should be kept with the head low when the sac is opened, so as to limit, as far as possible, the loss of cerebro-spinal fluid. In a meningocele, the protruding membranes are cut away, after tying or suturing carefully the pedicle, and the spinal muscles drawn together by deep stitches, so as to create an extra protective barrier, in addition to the skin and subcutaneous tissues. When the cord runs down the back of the sac, it is freed by incisions on either side, and if it can not be separated from the skin, the whole strip is replaced in the vertebral canal, the membranes are closed over it, and finally the muscles and skin are united by rows of sutures. The results obtained by this means have been encouraging."

SPINA BIFIDA AND HYDROCEPHALUS.

No. 1.—This case was a spina bifida, complicated with hydrocephalus. (See Fig. I.) At confinement the brow presented, but after turning a little was delivered with very little difficulty on account of the compressibility of the head. The hydrocephalus was so marked and the foramen open so wide in front as to protrude forward and down so that the eyes could not be seen. It rested on the cheeks and nose. All the bones of the cranium were separated to a certain extent. The spina bifida existed in the lumbar region and involved three of the spinal processes and formed a large open ulcer with a diameter of four inches and was almost round. There was a very thin membrane covering, but it was open and discharging a thin yellowish fluid. The lower limbs were paralyzed and the feet clubbed. The sphincters of the bladder and rectum were also paralyzed. Otherwise the body seemed to be well nourished and plump.

I treated this case by compression of the head, both by binding and

strapping with adhesive plaster with very good results, compressing so that the child could see in three days, and so that the hydrocephalus would not show to a casual observer after two weeks. The ulcer was washed clean with alcohol and a dry dusting powder applied over the entire surface, then collodion was painted over the edges, covering two-thirds of the surface. The dressings were changed daily with a marked reduction in the size of the tumor and ulcerated surface. After four weeks the child began to fail and lose weight, and died at six weeks, not having had a convulsion or showing any signs of any. The child seemed to be bright and intelligent.

Case No. 2 (see Fig. II) was a spina bifida at the lumbosacral region, involving but one vertebral process. The sac ruptured at birth and a dark bloody fluid was escaping to such an extent that I thought the child was bleeding, so I immediately applied artery forceps, closing up the opening. The forceps were applied to the skin, leaving a large portion of the sac beyond. I then cut off the protruding hernia-like sac and sutured the raw edges together reducing the tumor to comparatively a very small size. The edges united very nicely with a healthy wound, but the child had convulsions when moved very much and died at the end of four weeks. The parents refusing to allow further operation. The photos I am sending around explain almost better than I can the appearance of the conditions.

SANITARY ENGINEERING.

H. N. Waite, A.M., M.D., Johnson, Vt.

In this age of startling achievements and remarkable discoveries medical science holds a distinguished position. In its various branches surgery has achieved its greatest triumphs, pathology has made decided progress, materia medica and therapeutics have exerted a peculiar reconstructive influence, while sanitation and care for the public health has received a tremendous impetus and has become a controlling element in, if not the basis of modern life.

Questions arise every day which demand our attention not only as physicians and sanitarians, but as public-spirited citizens. Physicians more than most men come in closer contact with the need of sanitary reforms; and it becomes our duty to see that proper laws are passed by our legislatures, and further to see to it, and this is quite as important, that they are intelligently enforced. We are bound to protect the public, who look to us for honest, scientific, continuous effort toward the improvement of the public health.

In the School of Applied Science the department of sanitary engineering is founded upon the basic principle that engineering, using the word in the larger sense, is one of the learned professions; that the education required of one who enters this profession should be not only scientific and technical, but broad and humanitarian. The engineer of to-day must not only know the underlying principles of the mechanical sciences and

be conversant with the details of his special work, but if he is to become the director of great enterprises he must have the power to think logically and reach conclusions quickly, write clearly and speak forcibly—not to mention such moral qualities as honesty, enthusiasm and that vague something termed personal magnetism. Some of these qualifications are inherent in the individual, some come with experience; but the power to think and speak and write should be a matter of early training. The knowledge of scientific principles should be acquired by the maturing mind, and the application of these principles made the last step in the educational process. The instruction in applied science in its utilitarian aspects should be carried only far enough to illustrate general principles and to enable the physician to take up some particular line of work intelligently and with such degree of skill that he can earn a reasonable income during the early years while he is getting his first real experience in his chosen profession.

It is partly in response to the world's demand for broad-minded engineers, and partly because science itself is becoming so broad and its branches so interwoven, that the applied sciences are being taught more and more as graduate courses in our leading universities, and that the technical schools are looking forward to longer courses than the usual period of four years. The problem is everywhere the same—how to obtain a proper balance between breadth of study and specialization.

That specialization has been somewhat overdone in the past seems to be the verdict of employers. On the other hand, it is equally true that in the attempt to combine the various sciences relating to one vocation there has been sometimes too great a dispersion of thought and interest. Sanitary engineering is one of the fields where there is great danger that the student's energies may be spread out too thin. For this branch of engineering is one that invokes the aid of many sciences. Not only must the sanitary engineer be versed in mathematics and mechanics, but he must have a working knowledge of parts of chemistry, biology, bacteriology, microscopy, meteorology, geology, hygiene, preventive medicine, vital statistics. Unlike other branches of engineering, sanitation is concerned not alone with iron and stone and other inert building material, but with organic matter and living things. The purification of water and sewage is due largely to biological action, and the knowledge of bacterial processes is scarcely less important to the sanitary engineer than that of the laws governing the flow of water in pipes and the strength of materials. While this is acknowledged, it is also true, that, first and foremost, the sanitary engineer must be an engineer and the collateral sciences must be subordinated to the main issue.

But sanitary science is becoming so important that there is room not only for the engineer but for the sanitary specialist, for the man who devotes his energies to the chemical and biological problems apart from engineering design. Men of this type are now doing useful service, but the need for such men is limited in number when compared with those

required to build and operate waterworks and sewage disposal plants, lay out streets and keep them clean, ventilate cars and buildings and otherwise apply the principles of engineering to public hygiene. Many young chemists and bacteriologists have become successful in the operation of engineering works, as, for example, water filtration plants, but it has been because they have obtained their engineering knowledge in the school of experience. On the other hand, some who have been ambitious in this direction have soon reached the limit of their ability. Such positions are best filled by men of adequate mechanical engineering training, with a knowledge of chemistry and biology sufficient to enable them to make the necessary routine analyses.

Besides the sanitary engineer and the specialist in sanitation, the world to-day needs—and the need is very great—a kind of man just beginning to make his appearance, namely, the sanitary executive, or, as he is more often called, the health officer. There are already many so-called health officers serving on boards of health or employed by them. Some of these men are great leaders, well worthy of the honorable positions they hold, but the rank and file of them are ill-fitted for their important task. Our public health machinery was installed when the hygienic wisdom of the town was wrapped up in the family doctor and when the physician was the logical custodian of the public health. With the growth of the science of bacteriology and preventive medicine and the application of engineering, all this is changed. The ability to diagnose a case of smallpox and keep a record of deaths is no longer a sufficient qualification for the health officer of even a village, while the growth of our cities is making it increasingly necessary that the men in charge of the public health of so many people shall be experts in their line.

Medical training alone does not fit men for this service. The problem of curing disease is quite different from the problem of preventing disease. The former deals with human beings as individuals; the latter considers them as units of a mass. The prevention of disease involves mathematics. Statistics relating to the sick and the dead must be constantly and daily used in order to show what forces of disease are at work and where the attack is next likely to be made. It involves engineering, for the public must be protected against impure air and infected water. Streets must be cleaned and garbage removed. It involves chemistry, for the public must be protected against the sale of adulterated and poisonous foods. It involves bacteriology, for infectious diseases must be diagnosed and antitoxins provided. It involves law, for the health officer must be able not only to discern evils but to eradicate them. But the duties of a health officer should not be entirely repressive and punitive. There is a positive side. His department should be an educational force in the community, constantly instructing the people in the arts of hygiene and in the principles of right living. Many believe that this educational function of the health officer is one of the most important of his duties.

From the time of Moses to the present day the necessity of compelling

mankind by law to observe the rules of health and safety has been recognized by every civilized government. This necessity has found expression in those statutes which have had for their object the prevention of disease and the protection of health and safety, and the result has been that those people who have most carefully protected themselves by strict legislation, and who have most rigidly enforced the observance of laws for the promotion of health, have enjoyed the greatest immunity from the ravages of plagues and pestilence, while a neglect of proper precautionary measures has resulted in periodical decimation of the population by the scourge of communicable disease.

It needs no argument to prove that the highest welfare of the State is best subserved by protecting the life and health of the citizen by laws which will compel the ignorant, the selfish, the careless and the vicious to so regulate their lives and so use their property as not to endanger the lives, the health or the property of others. The State has the right to enact such laws as will accomplish this purpose, even where their effect is to interfere with individual freedom and the untrammeled enjoyment of property. Courts of justice have always recognized this right, and have upheld the validity of laws for the efficient prevention of diseases dangerous to the public health or the warding off of injuries in dangerous places or from dangerous structures, and, when necessary, have thereby curtailed the liberty of individual action in respect to the manner in which the citizen shall live, or in which he shall use the things belonging to him.

The principle which forms the basis of this right is that every man owes a duty to the public to so regulate his life and the use of his property as not to imperil the life, the health or the safety of his fellow man. The social compact which every person must enter into when he undertakes to live in a community with others is that he will surrender all that part of his personal liberty which is necessary for the public good and the prosperity and safety of that society of which he forms an integral part. That he will exercise no inherent right to the injury of the community. A man may live and die as he pleases, so long as his life or death does not endanger the life or well-being of others, but when that danger point is reached it is the right and duty of the community, represented by the law-making power, to restrain him so that his life or death shall not menace the life, the health or the safety of his fellows. The great prime minister of England, Lord Beaconsfield, urged upon the British government the importance of laws for the promotion of health, and remarked that "the health of the public ought to be one of the chief considerations of the statesman." This is not only true, but we may go farther and say that the purposes of government are defeated unless the most efficient legislation is enacted to that end and vigorously administered.

The legislation for the protection of the public health and safety has been progressive. In the earliest times under the theocracy, when the habits of life and business were simple, and the people lived in the open air or in

the simplest of dwellings, but little was required except personal cleanliness and abstention from unwholesome food and proper isolation of persons affected with communicable disease. The few rules laid down by the law-giver were adequate, but the complexity of modern living, and the new methods of business, the accumulation of wealth and the perils of luxury, call for more extended and careful legislation to meet every possible danger arising from new conditions. The introduction of steam as a motive power made it necessary to enact laws for the inspection of steam boilers and regulation of their use. The application of electricity to mechanical purposes requires special legislation for its employment in order to protect the public from the dangers incident to its use. The massing together of people in hotels, tenements, factories and other buildings has made it necessary to adopt regulations compelling the owners to build safely, and to provide fire escapes, protected hoistways, sanitary plumbing, and other life-saving appliances, and the learning of the medical profession and its diligence in making manifest the causes and precautions for prevention of disease, lays additional duties upon legislators, not only to meet the new conditions of life, but to adopt the means which science and medical discovery have demonstrated to be best adapted to the common weal. The development in modern times of the germ theory has revolutionized the laws of sanitation and brought into the law new agencies for the protection of public health, and by reason thereof we are to-day confronted by a "condition and not a theory," which makes a deep, scientific research, and the application of modern methods and philosophic principles as requisite in promoting public health and protecting the people from disease, as we have been accustomed to regard the laws against personal danger from assault and the execution of laws to prevent crime. In the bright sunlight of scientific sanitation it is now as much a crime to expose a community to death by allowing disease germs free access to their homes and persons, as it is to expose the same community to the dangers of death by riot, assault or the dagger of the assassin.

The protection of health is a police power, and is conferred upon the State for the public safety. It rests upon the maxim, "Salus populi suprema, est lex," and deserves not only the highest consideration of the statesman, but also the best thought of the philosopher, and the deepest study of the learned and philanthropic. Prevention, not cure, is the sanitarian's cry. It is the duty of the community to protect itself against the ignorant, the selfish, the filthy and the diseased. We believe that we must have proper sewage disposal, pure water, decent tenements, good-sized playgrounds, supervision of factories, protection of child labor and pure food. In sanitary matters we must remember that we are dealing with both the honest and the dishonest, and that our object is not primarily the improvement of the morals of the people nor the prosecution of law-breakers, but the improvement of the public health.

TOXEMIA AND NEPHRITIS OF PREGNANCY—RESULT, PUERPERAL ECLAMPSIA.

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We are indebted to Sajous for the following definition of puerperal eclampsia: "Puerperal eclampsia, an acute disorder of pregnancy and parturition, characterized by periodical convulsions, is due to an accumulation of toxic wastes in the blood, owing to inability of the adrenal system to convert the excess of wastes, due to the presence of the fetus, into benign and eliminable end products. As these toxic wastes provoke inordinate vascular tension, an excess of blood is driven into all the capillaries, including those of the spinal system and cortex. Both the latter being thus rendered hyperexcitable, a convulsion occurs when this hyperexcitability is suddenly increased by the appearance in the blood of an excess of auto-antitoxin, the result, in turn, of a sudden resumption of defensive activity by the adrenal system when the blood becomes sufficiently toxic to enforce it. The convulsion lasts until the toxic wastes are converted more or less efficiently into harmless and eliminable end products."

The toxemia and nephritis of pregnancy, and the result, if permitted to develop unhindered, puerperal eclampsia, is a most important, widely discussed, and very fatal condition. It has been a theme of intense interest wherever and whenever bodies of medical practitioners had the subject for discussion.

So many ideas and theories have been offered as to the etiology and pathogenesis of the symptom complex that it has been referred to facetiously as the "disease of theories." That eclampsia is not a rare disease we may judge from the statements of Carrigues, in which he says "that it is found once in 330 cases of labor."

Etiology.—Garrigues further says: "Many theories have been advanced to explain the outbreak of eclampsia, but so far none of these cover all cases. There are, however, facts which are doubtless of great importance in the production of this terrible malady. The disease is much more common in primipara. It occurs preferably in the last months of pregnancy, or during labor. Twin pregnancy predisposes to it.

"The honor of first drawing attention to the relations between albuminuria and puerperal convulsions belongs to Dr. John C. Lever, who reported in Guy's Hospital Reports, second series, 1842, fourteen cases, in ten of which the urine had been examined." These observations were followed by others from British physicians. "In 1851, Frerichs pointed out clearly the close resemblance between convulsions occurring in pregnancy and the uremic convulsions of Bright's disease." These opinions were largely supported by Braun and Wieger. Braun, in 1857, published a treatise on midwifery. "In this work the (then) new doctrines were presented with so much skill and clearness, that since then, in the minds of

the great body of physicians, the terms eclampsia and uremia have been synonymous."

In 1908, in his publication, "Internal Secretions," Sajous, discussing the "etiology and pathogenesis of eclampsia," said: "The convulsions are due, as in epilepsy, to irritation, by blood poisons, of the vasomotor and sympathetic centers. All the vessels of the body being violently contracted, a wave of blood is forced into the capillaries, including the cellular elements and neuroglia of the cerebro-spinal system. The activity of the cortex as a sensory organ being suddenly enhanced, a flood of impulses of voluntary type is transmitted to every portion of the spinal system and the seizure ensues." (Author's conclusion.) "The kinship between epilepsy and eclampsia is so close that some authors, Osthoff and Lantos, for instance, consider the latter as an acute form of epilepsy. Others again compare it to hystero-epilepsy. Oliver reported a fatal 'case' of epilepsy in a young puerperal patient with no antecedent history of the disease."

That a marked and widespread vascular constriction and general capillary hyperemia are present has been conclusively demonstrated. Not only does the facial congestion, the engorged veins of the surface, betoken the presence of these conditions, but as observed by Lubarsch, multiple hemorrhages are to be found in every part of the body, the liver, kidneys, stomach, large intestine, endocardium, lungs, etc., and in the pia mater and cortex. Schmorl also found punctiform hemorrhage of the meninges and cortex, and, moreover, the central ganglia. Similar lesions as to the cortex were observed by Leusden, who also noted many ruptured capillaries, the blood flowing into the surrounding tissues, forming clots." Cassaet and Chambrelent found hemorrhagic lesions in the still-born infants similar to those of the mother, and ascribes to this cause the great mortality of infants in eclamptics. The hepatic lesions of eclampsia have also received considerable attention from Jurgens, Klebs, Pilliet, Bouffe de St. Blaise, and others, since all found in this organ hemorrhagic and embolic foci. Finally, Blumreich and Zuntz found experimentally that the brain of pregnant animals was much more susceptible to irritation than that of the non-pregnant ones.

We thus have ample testimony to the effect that, as in epilepsy, the cortex is violently congested, and if in the latter disease this can provoke convulsions, there is no ground for doubt that the cause is the same in puerperal eclampsia. The connection with the vasomotor is well expressed by Herz: "Even slightly toxic products in the blood of women in childbed are sufficient to irritate the vasomotor centers, which are then in a condition of increased excitability." Finally, Kronig found by the means of the Riva-Rocci sphygmomanometer that the blood pressure was very high, especially in post-partum eclampsias, an observation confirmed by H. Richardson. Vasquez wrote recently that none of the theories in vogue in regard to the etiology of eclampsia took into account the main and

essential feature, viz., arterial hypertension. He had evidently overlooked the abundant evidence to that effect in literature.

Bouchard has this to say concerning the conditions leading ot puerperal eclampsia: "During pregnancy poisons are formed in the mother and fetus which circulate in the maternal blood. Upon the mother is thrown the burden of eliminating by the kidneys, liver, intestine, skin and lungs the bulk of the poisons formed within the two organisms. When these poisons are retained, autointoxication is produced, which varies in degree from heightening of the arterial tension, headache, gastric disturbance and lassitude to convulsive seizures as in puerperal eclampsia. The urine in these conditions usually contains albumin. That errors of diet often induce eclampsia there is no doubt. I have seen pregnancy advance normally until some such improper food as lobster, pork, pie, etc., was eaten ravenously, when as a result of the entrance into the blood of imperfectly digested products or intestinal poisons, eclampsia followed. But it occasionally happens that there is in addition to the autointoxication from the intestine and kidneys an hepatic toxemia as well. The liver becomes enlarged and tender, the patent slightly icteric, the stools pale, fluid appears in the abdominal cavity, and there are albumin and bile in the urine. In such a case the liver has failed to arrest and destroy the intestinal poisons as they pass through it and the result is that owing to their excess in the blood and inability on the part of the kidneys to eliminate them the patient is poisoned by products formed within her own body."

In the 1910 edition of the Principles of Pathology, by Adami, he says: "We are still wholly at a loss where to place eclampsia, that most dangerous combination of disturbances which may result from pregnancy. The kidneys are profoundly involved; indeed, the danger signal is found in the appearance of albuminuria during the last weeks of pregnancy; there is relatively a large proportion of globulin with low urea content, suggesting a relationship of the condition to uremia, which is strengthened by the convulsions and coma, leading to death. The most that can be said at present is that the tendency is to recognize two orders of cases, in one of which the main histological lesions are hepatic; in the other, renal. Wells, in his Chemical Pathology, 1907 edition, after discussing the points of similarity between uremia and puerperal conditions leading to eclampsia, says: "On the other hand, eclampsia differs greatly from uremia in the anatomical changes observed in the organs of the body other than the kidneys; these are of such a nature that in some cases it becomes difficult to distinguish eclampsia from acute yellow atrophy of the liver, while in other cases the picture resembles that of a profound bacterial intoxication, so that numerous authors have urged that eclampsia is the result of a bacterial infection. At the present time the cause of eclampsia is unknown. But there is a decided tendency to assume that the poisonous substances are developed in the placenta or fetus, or are formed in the body as a reaction of the maternal organism to the foreign fetal elements.

"Chemical Changes in Eclampsia.—Urinary changes are practically invariably present, and usually they are profound, although there are no known characteristic qualitative or quantitative differences from the urinary changes of puerperal albuminuria without eclampsia. Proteids are abundant, including a large proportion of globulin, decreasing rapidly after delivery, as a rule. The urea is usually very low, but generally increases with great rapidity after delivery, until two or three times the normal amount is passed every day; as urea and ammonia do not seem to be increased in the blood, this indicates that during eclampsia there is an accumulation of the precursors of urea in the system (Sykes). There is an excessive elimination of nitrogen in the form of ammonia, which seems to be due to the formation of abnormal quantities of sarcolactic and other organic acids in the body, which are combined with ammonia in the blood and eliminated in the urine. This fact has led many to look with favor on the idea that eclampsia is due to acid intoxication."

The Thyroid in Eclampsia.—In view of the mystery surrounding the cause and effect of the enlargement of the thyroid during pregnancy, it is not strange that the suggestion has been made that the enlargement is for the purpose of neutralizing the excessive amounts of toxic materials in the maternal blood, and that failure of this enlargement is responsible for eclampsia. In support of this idea, Lange states that the absence of this enlargement is usual in eclampsia.

Blood Pressure.—"In one hundred non-pregnant women, Hirst found the normal pressure to be 112 mm. In another series of one hundred pregnant women he found the systolic pressure 118 mm. up to the seventh month of pregnancy, when a gradual rise occurred until the last month, at which time the systolic pressure averaged 124 mm. He found that one of the earliest and most constant signs of toxemia in the latter half of pregnancy was a constantly increasing high blood pressure, and this symptom preceded the occurrence of albuminuria as in those cases in which eclamptic convulsions occurred" (New York *Medical Record,* March 28, 1914).

Faught, in his Essentials of Laboratory Diagnosis, 1911, says: "Routine blood pressure observations should be made a part of the periodic examination of pregnant women, the intervals between the tests becoming shorter as the period of gestation advances; nor should the test be omitted during the puerperium, as the danger from eclampsia does not terminate with the evacuation of the uterus. R. C. Davis has found an increase in pressure in all cases of eclampsia coming under his observation. In the treatment of such cases a coincident reduction of the amount of albumin in the urine is noted with the reduction in the blood pressure."

J. W. Unger, West Point, Miss., in the May, 1914, *Therapeutist,* in discussing eclampsia, writes as follows: "I wish here to emphasize the high arterial tension as one of the most essential points to be observed and noted as a danger signal in pregnancy. No obstetrician does his duty to his patient who does not utilize one of the many blood pressure instruments

on the market and learn from its reading the patient's danger before it is too late.

"The next condition I shall mention is the acid condition of the blood, a condition resembling that found in 'acid intoxication' of diabetes and probably represents the imperfect oxidation of the carbohydrates.

"The third important point I wish to emphasize is the relative amount of urea excreted, and which, in my opinion, furnishes an index to the toxic wastes which have accumulated in the blood. When the normal amount of urea is excreted death usually follows; whereas, if doubled, recovery is the rule. Marx has long emphasized the fact that urea is always found markedly diminished in the so-called toxemias of pregnancy, and the amount of urea excreted goes hand in hand with the condition of the patient. E. P. Davis emphasizes the same fact, and Jewett regards the falling off of the urea excreted as of grave import."

The author had the pleasure, recently, of listening to a discussion of the subject, "Toxemia and Nephritis of Pregnancy," by Prof. Clifford Mitchell, of the Hahnemann College, Chicago. The importance of the relatively low urea output and the "acid intoxication" were two points emphasized by him in his most excellent essay. He holds the opinion that when acid intoxication and low urea excretion are present in the pregnant woman the result will surely be disastrous unless active measures are instituted to overcome the toxemia. In this case, says the doctor, "bicarbonate of soda is homeopathic in seventy grain doses." In his work, "Modern Urinology," is set forth simple and practical methods of determining the acidity and abnormally low excretion of urea.

W. C. K. Berlin, M.D., Denver, Colo., in the February 14, 1914, New York *Medical Record,* says: "In the light of recent work done by myself, one must conclude that an infection, preceded by a bacteremia, is the essence of these conditions known under the general term of Bright's disease or nephritis. Intestinal fermentation and intoxication seem to be responsible for blood pressure changes only."

Some of these theories seem to be contraindicated by the report of occasional, well-authenticated cases in which the element of toxemia and all the classical symptoms of nephritis are both absent.

Dr. Cecil Kent, Paris, France, in the February 28, 1914, New York *Medical Record,* reports a case in which urinalysis was made every two weeks previous to confinement as well as afterward, with no albumin at any time. We are led to judge from the report, that, "the best of general health was enjoyed by the patient during the weeks that immediately preceded the labor, and, in particular, the day before the birth of the child she had taken a long walk, upwards of two miles, and questioned later on she could not recall headaches, disordered sight, sleeplessness, unusual dyspepsia or constipation, nose bleed or skin symptoms; in short, none of the minor warning signals of the intoxication of pregnancy. There was

no signs of ordinary edema of the surface, yet as the dilatation was about complete a typical attack of eclampsia developed.

The following cases from the author's personal experience in practice will show some of the variations of the clinical features as they present themselves in different patients, and will, perhaps, in some measure explain some of the varying opinions held by different writers.

Mrs. B., aged nineteen, previous health good. No diseases except those of childhood from which good recovery was had. Primipara, no unusual symptoms were apparent until toward the latter part of the term. Great swelling of the lower extremities, more or less general edema and abundance of albumin in the urine. This patient was carefully watched, medicated freely, chiefly with Epsom salts.

There was marked oliguria as the labor developed until for several hours there was no urine passed and none to be had by catheterization. At the beginning of the second stage of labor there was a slight spasm. Delivery was hastily completed by forceps. As soon as the child was born most terrific eclampsia seized the patient. The spasms were controlled by the hypodermatic use of veratrum viride, drops xx of the specific medicine were repeated every twenty minutes until the pulse, which was rapid, full and bounding, was reduced to sixty per minute. Some chloroform was administered to ward off the repetition of the seizures. The patient was blind for three days, during which time the function of the kidneys was rapidly restored to normal and the patient made a good recovery. The child was born living and was normal, aside from some stupor for the first two days.

Mrs. H., patient of a neighboring physician. He reported to me that he had found the urine free from albumin at the last time of examination, a week previous to the labor. She was seized with puerperal eclampsia at the beginning of the second stage of labor, with no previous noticeable symptoms. Child and mother still living. Chloroform was used to control the convulsions and facilitate forceps delivery. Primipara.

Mrs. G., primipara; previous health good. Had diphtheria a few months before marriage, but had no albuminuria nor sequelæ. Previous to labor the patient was enormously enlarged, the dropsical condition reaching all parts of the body. Albumin was abundant, and, notwithstanding free use of Epsom salts to keep elimination active, and the administration of apocynum in from drops iv to drops vi every three hours, the dropsy continued unabated. The first indication of labor was marked by convulsions. Under chloroform the uterus was dilated and delivery accomplished artificially. Convulsions continued for two days, after which the patient slowly recovered, the kidneys resumed their activity, the dropsy subsided and convalescence was smooth. The infant was still-born.

This patient was confined with a normal labor at the time of her second pregnancy, but when the third pregnancy was advanced to the fifth month albumin appeared in the urine and edema of the extremities was

noticeable. From this on she had a slowly, yet progressively increasing amount of albumin in the urine and the dropsy became more general until at the time of the labor it was sufficiently developed to give us much alarm. Apocynum was administered as follows: ℞ specific apocynum, 3 iv; aqua font., ℥ iv. M. Sig.: One teaspoonful every three hours. The bowels were kept active and urine free from acid intoxication by the use of Epsom salts, 3 ii, and bicarbonate of soda, 3 i, given for a dose. This was administered in water each morning unless the bowels became too active. This labor was brief, normal and the convalescence was smooth.

Mrs. B., aged thirty, mother of three children, youngest seven years old. At the time of her first confinement she had had eclampsia, this being before my acquaintance with her. I was called to the home to see one of the children, when the mother, a very timid woman, told me of her pregnancy, then about the fifth month. She was then markedly dropsical. She sent me a specimen of urine, which contained a marked amount of albumin. She was given directions for the use of the soda and salts, as above, and was given ℞ specific apocynum, 3 iv; specific echinacea, 3 iv; aqua dest., q.s. ℥ iv. M. Sig.: One teaspoonful every three hours. By the time the first bottle of the medicine was used I called and urged careful attention to the conditions and faithful use of the remedies. Notwithstanding this she was without treatment for two weeks, when she became so annoyed with difficulty of vision, headaches and dizziness that her husband, becoming uneasy, called me to see her. While I was examining her she turned to me, looking wild and unnatural, gave a pitiful and appealing cry, "Oh, doctor," was seized with a convulsion, and died before any remedy could be administered.

Mrs. O. B., aged twenty-one, primipara. Previous good health. Four days before her labor the case was placed in my care. She was decidedly dropsical, particularly in the lower extremities, and the abdomen was extremely protuberant on account of hydramnios. The urine was scanty, heavy with albumin and specific gravity 1010. Dizziness, headache, nausea and sleeplessness were the unpleasant clinical features of the case. Epsom salts and bicarbonate of soda were administered until very active catharsis supervened. Bicarbonate of soda was given in drachm doses, in a glass of water, three times daily, and ℞ specific medicine echinacea, ℥ ii, specific medicine apocynum, ℥ ss, aqua dest., q.s. ℥ iv. M. Sig.: One teaspoonful every two hours . When the labor came on I spent the entire time with her, but the labor advanced normally until the child was well engaged, when from exhaustion the pains became feeble and delivery was completed by forceps. The patient was troubled with hemianopsia during the entire night. Subsequent to the labor she was partially blind for five days, gradually recovering her vision. No eclamptic attacks occurred, much to the relief of all, and the child was born alive. The latter was, however, stupid, semi-comatose, had anuria for twenty-four hours, and when the urine began to appear it was thick with pink precipitate, urates, which caused fretful-

ness when passing. After five days the mother developed a plentiful supply of milk. While the mother had no convulsions, the child did have for two days a mild type of clonic convulsive attacks. It was fed freely of soda water and given spiritus etheris nitrosi, gtts. iii, in water, every two hours. Both are living and doing well.

Mrs. N., fourth child; previous health good. Previous confinements normal with no history of toxemia in any of them. I waited on her at the time of her third labor, when there was no indications of toxemia or albumin in the urine. Her last labor was June 7, 1914. The legs had been swollen and albumin present in the urine for six weeks previous to the labor. During the last two weeks of her period of gestation the dropsy was general and albumin increased, as well as marked acid intoxication developed. She had been taking apocynum in doses of three to six drops, every three hours, and while the quantity of urine was increased from one pint in twenty-four hours to thirty-two ounces, yet the albumin was not diminished. She was given bicarbonate of soda, 3 i, every morning, and if the bowels were not active she had Epsom salts, 3 ii, and the soda bicarbonate, 3 i, at a dose. This was to be repeated every two hours until free watery stools resulted. During the last ten days this cathartic was used daily. While the edema and albumin continued the acid toxemia was made materially better and the patient passed through her confinement with no untoward developments. Six days before her labor the systolic blood pressure was 150 mm., and the diastolic was 107 mm., leaving a pulse pressure of 43 mm. For some time we have used, in all cases consulting us several weeks before the accouchement, calcium lactate in doses of ten grains three or four times daily. This at least seems to prevent the usual rapid destruction of the teeth, and if there is anything in the theory of eclampsia being due to lime starvation, it is, theoretically, at least, a good remedy.

CASE OF CHORIO-EPITHELIOMA WITH SOME INFREQUENT FEATURES.

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Chorio-epithelioma, formerly often called deciduoma malignum, has interesting clinical characteristics. Except in rare cases originating in teratomata, it occurs in women during the child-bearing period and always subsequent to a pregnancy which may terminate in abortion, labor or hydatiform mole. Its presence is discovered any time from several days to several years after such termination, though clinical symptoms usually appear within three months, and a metastasis has been discovered when a hydatiform mole was still in the uterus.

The clinical phenomena depend on the location of the tumors. The most frequent sites for metastases are the vulva and vagina, lungs, liver, kidney, brain and spleen. Because the metastases is exclusively by the

blood stream, involvement of lymphatic glands is rare. Death usually occurs within the first year.

From the pathologic standpoint chorio-epithelioma is a curious form of malignancy. Having its origin in fetal tissue, from the chorion of a developing ovum (or rarely from chorionic tissue in an embryoma) it is one of the heterochthonous tumors, *i. e.*, tumors derived from tissues of another individual. This eroding tissue penetrates the uterus and its blood-vessel walls. It usually takes on its abnormal proliferative character here and a primary tumor is formed in the uterus. However, the first development of malignancy may be in a distant organ. It is supposed that in normal pregnancies masses of detached cells from an eroding placental villus often are transported through the veins to other organs, but ordinarily are then destroyed. When destruction does not follow and an abnormal proliferative character is assumed, a chorio-epithelioma is formed. In a few instances there has been no tumor mass in the uterus and yet the microscope has revealed a diffuse infiltratioin of that organ. The tumors are large, soft, spongy, bluish-red, and have a strong resemblance to placental tissue. Great care must be exercised in their post-mortem removal to prevent tearing. Necrosis occurs in the central portion. It is not provided with a capsule.

The chorio-epithelioma is very cellular. The cells are large with vesicular nuclei, and are similar to those of the Langhans' layer of a placental villus. In some areas there may be found protoplasmic masses with irregularly shaped nuclei, which stain intensely. These masses differ in no essential from the syncytial layer of chorionic epithelium. The syncytial tissue, however, may be absent, the cellular structure being wholly that of the Langhans type. This is said to be particularly true of chorio-epithelioma developing late in pregnancy. Blood spaces are numerous.

CASE OF CHORIO-EPITHELIOMA.

History.—Mrs. J., aged thirty-six, married, mother of three children, had one miscarriage which occurred before the last baby was born. The last labor occurred June 16, 1913, the baby dying at birth because of a breech presentation. During the latter months of this gestation she took on flesh and enjoyed unusually good health. Six weeks after labor she suffered a severe metrorrhagia; supposed to have been an excessive menstruation, but it was so profuse that she was compelled to go to bed and secure medical aid. Yet she continued to feel well and appeared in good health until about September 1, when her appetite failed and digestion was disordered. The food seemed, as she said, "to lie as a hard lump in the stomach." Taste was unnatural and she had weak gnawing sensations in the epigastric region which were relieved by taking food. The latter part of September she began to have severe occipital pain on first assuming the reclining position which soon passed away, permitting her to sleep. Early in October visual disturbance developed. Objects seemed

to dance before her eyes, words ran together so that she was forced to discontinue reading. The stomach disturbance at this time was more severe. There was apparently some improvement during the latter part of October, but November 6, she was very nervous during the morning and while at the dinner table was suddenly seized with a paroxysm of pain which she described as "feeling just as if the top of her head was being torn off." She was assisted to the bed and in a few minutes began vomiting violently and continued to do so with little interruption for a week. Gradual improvement again followed and she became able to do light work about the house. She retained nourishment, but the taste was unnatural and the appetite poor. Early in December vomiting recurred, the stomach rejecting everything that was put into it. Severe head pain developed on the left side and occiput extending down the neck and numbness was complained of on the left side of the face. These symptoms continued until January 4, at which date she was seen in consultation by Dr. Ramey. There were palpable tumors in the abdomen at this time and he believed she was suffering from some form of malignancy and recommended that she be brought to the hospital for investigation, which was done.

Physical Examination.—The patient had lost considerable weight, but the color was normal and there was none of the characteristic cachexia of malignancy. There was no deviation of the eyes, tongue was protruded normally and no paralysis evident at this time. There was a hazel-nut-sized soft mass in the thyroid isthmus. There were no physical findings indicative of any abnormality in the chest. The edge of the liver was markedly lowered and a distinct round tumor was apparently connected with it. Below this tumor another mass was palpated which was freely movable and though it could not be replaced was diagnosed floating kidney. In the left groin a small superficial soft tumor was found which did not seem to be a lymphatic gland involvement, and another similar subcutaneous tumor was present over the left scapula. There were no other swellings in the neighborhood of the lymphatic glands, which strengthened the belief that the groin tumor was not a metastasis in a lymph gland.

Blood.—The red cells were 4,500,000, the whites 9,000. The morphology of both red and white cells was normal. Hemoglobin, 80 per cent. Wassermann test and butyric acid tests were negative. Blood pressure maximum 120, minimum 80, pulse pressure 40-80.

Stomach.—Free HCl was absent. Total acidity was ten. There was no lactic acid. Bacteria of various kind were present including non-motile rods as were also sarcinae. There was an abundance of mucus. Blood was not present. Distention with tartaric acid and soda showed normal shape and size. There was no retention. Urine—no abnormalities were found. Feces—occult blood could not be discovered at any time.

Further Course.—After gastric lavage and introduction of egg-nog through the tube, vomiting ceased and she seemed to digest well. The

pain continued and was increased whenever her head was moved. A few days after admission bulbar symptoms appeared. She had difficulty in speaking and swallowing and complained of numbness of the lips and tongue. The visual disturbance increased and Dr. A. P. Furgason examined the eye ground and found a marked degree of choked disc. A peripheral type of facial paralysis developed on the right side. The involvement included the muscles of the forehead and extrinsic eye muscles. The tongue, however, showed a greater degree of paralysis on the left side.

There seemed to be unquestionably a severe grade of intracranial pressure and with the other symptoms present we believed it to be due to a malignant neoplasm similar to those found in other parts of the body. Because of the peculiar distribution of the tumors and the absence of glandular involvement, together with the metastasis in the brain and the history of a recent labor, chorio-epithelioma was thought of as one of the possibilities. Accordingly, the vagina and uterus were carefully examined, but no evidence of a tumor could be discovered in these organs. The only abnormality was a marked degree of retroflexion. Despite these findings we still felt that chorio-epithelioma was the most probable cause of the condition.

January 18, about 2 P. M., difficulty in breathing began and in less than an hour she died of respiratory paralysis.

Necropsy Report.—Permission to post was secured with difficulty and we were required to omit removal of the brain. A tumor the size of a large bean was found in the thyroid isthmus. One immediately beneath the skin over the scapula, and another in the groin were found in anatomical relation with veins, but not associated with lymphatic glands. There was one the size of a pea in the lower pole of the right kidney. In the liver there were two tumors, one in the middle lobe and the other in the right. That in the right lobe had displaced the kidney and made it impossible to restore it to its place. These tumors were about the size of a goose egg. The chest was only partially opened and one large tumor found at the base of the right lung. The right kidney was displaced and floating. No mesenteric or pelvic lymphatic glands were found enlarged. Macroscopically the uterus presented an entirely normal appearance. The tumors differed from each other only in size. They were soft, easily torn, bluish red and had a strong resemblance to placental tissue. The large ones which projected from the liver and lung were smooth on the projecting surface and rough and villus-like on the attached surface. The microscopical section shows pronounced cellularity with cells of the Langhans type and an occasional protoplasmic mass. In a section made through the vascular lateral wall of the uterus a small mass of chorionic tissue was found showing its presence microscopically, though there was no evidence of it on gross examination.

Some of the interesting features in this case are:

1. The absence of a tumor in the uterus, but with diffuse infiltration of it.

2. The early metrorrhagia which may or may not have been due to chorio-epithelioma.

3. The early metastasis in the brain as evidenced by the symptoms and death as a result of intracranial pressure.

4. The peripheral type of facial paralysis, but dissimilar involvement of the tongue.

5. The presence of the tumor in the lung, but no cough, hemoptysis or physical findings referable to it.

6. The metastasis in the thyroid isthmus which we have not seen previously reported.

7. Absence of anemia.

DISCUSSION.

Dr. E. B. Shewman: I saw two cases, one of my own and one in the practice of a another man. Mine drifted away and I was not able to follow it up, but I learned that she has since died. The other man's died too. This woman had a metastatic lesion of the liver, spleen and kidneys. Whether she died of a cerebral metastasis, I do not know.

Dr. Hufnail: I had two cases last fall in the hospital where I am. One happened to be mine, and I will have to confess to a not very careful diagnosis of the case before it was sent in. It was sent in as a rush case from North Dakota for operation for appendicitis. We thought we had an intermural fibroid, so we proceeded to do a hysterectomy, and did it. After the hysterectomy was over we did not know whether we had an impregnated uterus or not, so we sent the uterus to the laboratory, and we had just such a case as was described here. The case left in fourteen days, apparently doing very well for about three months. What the result will be I do not know, but I hear she is not getting along very well. That is all the experience I have had, and all I want.

Dr. Ramey (closing): I did not say anything about the surgical treatment of these cases, because it seemed to me it was not the proper place, and yet if there is any treatment for this trouble at all it must be surgical. The trouble must be discovered early, and the treatment must be radical. In the present case there was probably no time when surgical interference would have done good for this patient. As investigation afterwards showed, there was no sign of any formation in the vagina or uterus, aside from the chorionic tissue. It got loose and got to floating around, and then nobody could have done anything for her. She died just two days over six months from its delivery. We realize this most often comes after a hydatid mole.

There is one thing I think we doctors ought to work for, and that is more autopsies. We ought to work for more examinations after the death of these cases that are mysterious to us. Had this case gotten away from us without an autopsy, we would not have known anything about it. When we held the autopsy, we cleared it up, and I think we ought to work for more autopsies.

MANAGEMENT OF A NORMAL LABOR.

JANET D. QUINN, M.D., NEWPORT, KY.

After the birth of the child, the mother demands your attention at once. The child is well oiled, and covered up warm and placed to one side. Then give the mother a dose of ergot before the delivery of the placenta. Do not be in a hurry, unless you have danger signs of hemorrhage or syncope. After the delivery of the placenta, keep your hand over the uterus until you have a firm, hard ball under your hand. Then have the genitals cleansed, soiled linen removed, and examine for lacerations. If the birth occurs at night, wait until daylight to examine and then repair. Very often lacerations will heal very readily, again your work may be in vain. Try to do your best.

The woman should have a cup of tea, then be allowed to rest for several hours, unless you find the uterus is relaxed; in that case apply the child at once to the breast to excite contractions of the uterus. Apply an abdominal bandage with a pad over the uterus; this gives support to the relaxed walls. Keep the woman on her back for at least four hours. Keep the vulva cleansed every four hours. The best pad is made of cotton, five by ten inches, placed between cheese cloth that has been washed in carbolized water; six dozen of the pads are cheaply made, and burned after use.

If there is much odor to the lochia, use a douche of hot water with either permanganate potassium, one grain to the douche; or bichloride, 1-1000, and if no antiseptics are handy use hot salt water. The urine should be voided six hours after birth. If it is not voided use the catheter.

When the milk begins to flow, use a binder to support the breasts. Do not let them get hard and swollen. If they should, massage with either cocoa butter or boiled linseed oil, which will keep the breasts soft and the milk will flow easy. They take the soreness and tenderness out of the breasts.

Often the milk flow is excessive; if so, use ℞ chlorate pot. ʒ j to glass of water. Drink of this mixture several times a day. The bowels should move by the second day, and daily thereafter. Usually after the third day, all symptoms adjust themselves and we have very little trouble.

The twelfth day after a normal labor, women are usually able to sit up an hour or two at a time and finally by the end of the second week will be able to assist in light household duties.

In serious labors, where there has been laceration, and repair work has been done and the parts are healed, do not allow the patient out of bed for three weeks; and then let her gradually resume her duties. The diet should be light, but nutritious. Many little things come up with each case. Do your duty in all cases.

A MORE DEFINITE PATHOLOGY.

CHARLES WOODWARD, M.D., CHICAGO, ILL.

Is it not strange that with all the research and recent investigations with instruments of precision that physicians should have so many failures with therapeutics as to become nihilistic advocates? No other reason can be given for this lack of confidence in the efficacy of therapeutics than the uncertainty of our knowledge of pathology. It can not be denied that this uncertainty is due to emphasizing the diseased conditions from the following transitory symptoms, which are present to-day and absent to-morrow.

TRANSITORY SYMPTOMS.—Flushed or pale face; contracted or dilated pupils; coated tongue, with papilla; bad taste, nausea or vomiting; loss of appetite; rapid, weak or slow pulse; full, strong or slow pulse; dry or moist skin; fever with headache, or absence of fever; subthermal condition; autotoxemia; temporary infection; periodicity; pain; dyspnea and nervousness.

It can easily be shown that our universities and medical schools give little consideration to the towering importance of the effect of foods as disease producers. Only ninety-six hours are devoted to dietetic instructions during the entire course of four years by all the universities of this country, part of which are connected with medical schools. People are being taught that the hospital is the place to be cured by operation, or by rest and dieting. Without knowing the irritant and non-irritant effect of foods, how is it possible to cure by dieting? I venture to prophesy that within a few years universities and medical schools will devote much more time to dietetic instructions.

If pathology is to become a science, the universities must not only establish dietetic instructions, but they must teach the irritant and non-irritant properties of foods, in order to determine which support the physiologic functions and which develop pathological conditions. But if their teaching is to be conducted along the line of suggesting a health balance with protein, carbohydrates and fats, they will never solve a more definite pathology.

That we may better understand how foods create disease, I will make an illustration with the daily amount of food as given for two days by recognized dietetic authority, as follows:

Of beef, take	13 ounces,	45
Of butter, take	3 ounces,	90
Of potatoes, take	6 ounces,	30
Of bread, take	22 ounces,	120
Total	44 ounces.	

The second day's ration consists of:

Fresh pork	℥ iv,	240
Butter	℥ ij,	60

Beans	℥ xvj,	50
Bread	℥ viij,	50
Total		30 ounces.

These foods without condiments are non-irritants; but by adding 285 grains of irritants to the first day's ration and 400 grains to the second day's ration, they become irritant foods.

How do stimulating and irritant foods create disease? Irritant foods produce unconscious irritation of the alimentary tract that, through the great sympathetic nerve, result in unconscious reflex contraction of every cell in the body. Is there any evidence to support this declaration? I think it can be substantiated by observing the true condition of individuals who have eaten irritant foods for many years and are affected with part or all of the following conditions: Hyperesthesia of the nerves; destruction of the capillaries; perverted metabolism; cyanotic, sallow complexion; exudations; infection; autotoxemia; fatigue; predisposition to colds; nervousness; and growths. Hyperesthesia of the nerves is caused by overstimulation with improper or irritant nourishment. Destruction of the capillaries is caused by the perverted determination of blood to irritable overstimulated parts, and reflex contractions. Perverted metabolism is caused by repeated reflex contractions and relaxations, which result in cell ptosis or partial paralysis. Sallow complexion results from deposits of pigmentary matter, weak circulation, and cell paralysis. Exudations are caused by uneliminated toxins and deficiencies of the blood. Infection is caused by microorganisms growing in the body, and from absorption of decomposed substances at some of its apertures. Autotoxemia results from uneliminated matter formed within the body. Fatigue, a state of weakness from physical or mental exertion; but permanent fatigue results from obstructed metabolism and infection at some aperture of the body.

Predisposition to colds, a permanent susceptibility; results from the system being too weak to prevent temporary congestion or determination of the circulation, anemia and deficiencies of the blood, and inefficient cell contraction. Nervousness may be caused by worry or loss of friends; but a permanent nervousness results from overstimulation of the nerves with irritant nourishment and uneliminated toxins. Growths are caused by local deposits, continuous local irritation with an uncontrollable determination of the circulation, and deficiencies of the blood.

We meet at our Conventions, emphasizing the condition of diseases by transitory symptoms and suggesting the removal of causes. But if we do not understand the irritant and non-irritant effect of foods, how *can* we understand the cause; and if we do not know the cause, how shall we diagnose the true condition of disease? If we recognize the fact that nearly every disease is caused by irritation which results in reflex contraction, then by finding the cause of irritation it will enable us to remove causes—which would greatly improve our present pathology.

DISCUSSION.

Dr. Adlerman: The doctor says that the preponderance of nervousness is caused by overstimulation of the nerves. I take exception to that. I do not believe he meant it quite so broad. I believe I can quote you fifty different nervous conditions which are not caused by overstimulation. Will you say that neurasthenia is caused by overstimulation? I hardly think so. The doctor knows as well as I do that neurasthenia is from exhaustion, not overstimulation. I can quote you a number of nervous conditions where we are obliged to stimulate in order to cure them. I would like to take exception to that particular statement.

Dr. Carriker: The doctor speaks of food irritation, that is, that certain foods cause irritation and others do not. If a food causes irritation, to my mind it would be because of certain cell elements in that food. When there is a deficiency of these cell elements in the body, we must look to the elements of the food to supply this deficiency. I can not see how food proves an irritant only in that way. Foods that are rich in sodium elements are almost always destroyed by cooking. So, then, in furnishing food let us not destroy these elements by cooking, but eat it in such a form that will bring about the assimilation of these elements by the body.

Dr. Woodward: The medical schools of to-day do not like to admit that the blood can become infected by animal infection. They do not like to admit it, but it is a fact that foods can make the blood degenerate.

Now, I have a hobby about the nervous system. I would like to know what your investigations have been in regard to the effect of table salt on the nervous system, as to whether it is irritating or soothing. Salt is a rank irritant and stimulant. Look at the comparison between the two. One wrecks the nervous system, wrecks the cells as far as contraction of cells is concerned, and this brings on paralysis.

CEREBRO-SPINAL MENINGITIS.

Geo. C. Porter, M.D., Linton, Ind.

Cerebro-spinal meningitis or spotted fever, as it is sometimes called, is an acute infectious disease, slightly contagious, and refers to an inflammatory condition of the covering of the brain and spinal cord.

This disease has been epidemic in most of the countries of the world, sweeping great numbers by its malignancy, and is indeed a dread upon the physician having to treat it. But little progress has been made in the last decade toward the prevention and cure of this disease, and at the present time after going the rounds of lumbar puncture, diphtheria antitoxin, vaccine therapy, etc., still leaves it entrenched and holding the fort, promising as much to the specifically indicated medication as to any medication directed at the cause.

Etiologically, it may be divided into: Tubercular meningitis; epidemic meningitis (diplococcus intracellularis); pneumococcus meningitis; streptococcus meningitis; influenza meningitis; syphilitic meningitis. The real etiology usually having to be determined post-mortem. The question of how or why these different cocci select this particular field for invasion is indeed a great question. However, since most cases follow some form

of exhaustion in the body, such as violent exercise, cold or influenza, typhoid or some other condition which has previously lowered the resistive power of these tissues, make it a fertile field for the development of the different causes.

No one is exempt from having this disease, but it is much more frequent in children, and is ordinarily regarded as a child's disease. Bad hygiene, bad ventilation, and unwholesome food are among the predisposing causes. The characteristic lesion of this fever is passive hyperemia of the meninges of the brain and cord. The pia mater having an exudation upon its surface of yellow infective material, resembling a thin film of pus spread over the surface of the brain. Congesting and sometimes bursting of the capillaries is characteristic of this disease, so much so that the ecchymosed patches sometimes found over the surface of the skin has given rise to the term "spotted fever."

The symptoms of cerebro-spinal meningitis are indeed varied, yet a few well-defined symptoms are characteristic, and upon some of them a diagnosis is usually readily made. Extreme pain in the head and back, manifest in children by restlessness and crying out in a sharp shriek at intervals, with an almost constant rolling of the head from side to side. Rigidity and contraction of the spinal muscles, drawing the head backward, sometimes very extreme, until the child assumes the shape of the rainbow. I have seen the head and heels nearly together. An examination of the abdomen will, I believe, almost invariably reveal a hollowed-out, boatlike appearance, in contradistinction to a fullness of the abdomen in typhoid and enteric troubles. As the disease progresses there is marked emaciation, as there will usually be little or no nourishment taken. Unconsciousness creeps on with a wild, staring expression of the eyes, usually inclined to draw backward. Marked delirium many times obtains, with the patient struggling to get from the bed, and with raving and pulling of the hair. Ecchymosed patches appear over the surface of the skin, in malignant cases especially are they found, which gives rise to the term spotted fever. The temperature varies quite a bit, ranging from normal to 104° or 105°, possibly all in the lapse of twenty-four hours. A marked characteristic of this disease is its persistency; failing to show much response to treatment.

The prognosis should be very guarded. The mortality rate has varied all the way from 25 to 75 per cent. in the last ten years.

Treatment.—When possible the patient should be isolated. Placed in a light, airy room with good ventilation. All manner of excitement should be avoided, keeping patient as quiet as possible. The diet should consist of fresh buttermilk, fruit juices, and broths of various kinds. The skin should be kept well sponged and cleansed. If there is active delirium with high temperature, the ice pack should be used to the head. If the patient is dull and passive, use hot applications.

In administering remedies it is well to bear in mind the congestion of the brain and cord, and the extreme sepsis. For passive conditions with dullness, aconite, gtt. v; belladonna, gtts. x; to water, four ounces. Teaspoonful every hour. For active delirium, restlessness, full bounding pulse, veratrum, gtts. 10 to 15; gelsemium, gtts. 20 to 30; water, four ounces. Teaspoonful every hour. For sleeplessness and nervous excitation, rhus tox., gtts. 10; passiflora, drachms, two; water, four ounces. Teaspoonful every one, two or three hours as required. For the sepsis, we recognize in echinacea one of our very best remedies. Given a drachm to water four ounces, teaspoonful every one or two hours. This remedy doubtless should be given from the beginning to the end, with a knowledge that there is nothing which will reach the blood dyscrasia and retard to a better advantage the development of the various infections, any one of which may be the cause of the disease.

Sulphite of soda is the remedy where there is a broad, moist, creamish colored coat upon the tongue. One to two drachms to water four ounces, teaspoonful every hour or two, until this coating disappears, Sometimes in extreme and very unfavorable cases, opiates will have to be resorted to to relieve the severe pain and opisthotonos.

Dr. Flexner, of the Rockefeller Institute for Medical Research, has become very enthusiastic over his serum treatment for cerebro-spinal meningitis, making very loud claims for its efficiency, claiming a reduction of from 25 to 75 per cent. on a basis of six hundred cases. This serum is prepared from inoculating a horse with successive preparations of the diplococcus intracellularis until, as shown by experiment, his blood-serum contains the maximum amount of immune body. About 30 c.c. of this serum is injected directly into the spinal canal at any point below the level of the highest point of the crest of the ilium. In fact, the technique is the same as the lumbar puncture. I have never had under my observation a case treated by the serum, but it seems that it might possibly be a benefit to the treatment of all the cases, having as the cause the diplococcus intracellularis. Some cases become chronic and resistant to any and all treatment, yet the patient lingers and does not die, when lumbar puncture should be performed to draw off the excessive fluid which has formed, thus relieving the pressure and possibly establish resolution.

DISCUSSION.

Dr. Adlerman: I suppose it is my fortune to find fault. But I can not help finding fault when I listen to this paper. Perhaps I do not hear well, but I did not hear a word about Trousseau's sign, which is considered one of the most important symptoms, and it can be found in nearly every case. The doctor did not mention anything about the peculiar position of the head and neck. And when a man gets up and tells me that for the delirium of cerebro-spinal trouble he gives rhus tox and gets results, I surely am from Missouri. Rhus tox is never indicated, in my opinion, and I believe I have treated as many cases of this disease as my friend from Indiana. Rhus tox will not reduce that delirium.

Our friend from Indiana mentions our New York friend, Flexner,

and his serums. I thought we buried that ghost long ago. I can tell him something about serums, and if he does not know, I would advise him to get the report of Dr. Kramer—that will enlighten him as to what the serum of the Flexners does in these cases. The Flexners report the cases they cure, but they keep mum about those that die after its administration.

Dr. J. B. Barker (Ohio): I am not going to find fault with the gentleman or his paper, but I would like to ask him why he would combine passiflora with rhus tox. in the condition named. I would like to ask him what has been his clinical observation of the two remedies combined. To my mind it would be an insult to passiflora to ask it to correct the condition named in his paper, in connection with rhus tox.

Dr. Porter (closing): I understand that rhus tox. is to be used to quiet the nervous system, and it will quiet children that cry out in their sleep. It is likewise indicated by what we call the strawberry tongue. I understand the indications for passiflora to be largely the same, although more of a narcotic. I understand it to be a heavy sedative that will quiet these children that cry out, throwing their head from side to side. I understand all that to be due to a nervous condition, and I have found these two conditions present in practically all the cases I have treated. I understand that to be an indication for rhus tox. We have nothing else to give. I did not tell you I always had surprising results, but I did the best I could as a physician who prescribes along the lines of indicated medicines, and that is all I could do.

Dr. Frank Webb: The doctor spoke of using veratrum, but he failed to give the indications for its use. I find that there is a marked similarity between the use of jaborandi and veratrum. The differential indication between the two is the old indication of Doctor Scudder, a clean strip through the center of the tongue. I presume the child in this case did not have that. I saw in consultation with a physician in our city a short time ago a case of this kind that had a lumbar puncture. They had tried a serum without improvement, and the child was going to die. The physician had given veratrum. I was called in consultation, but I did not see the veratrum indication. I suggested that he give some jaborandi. He used thirteen drops in four ounces of water, and gave the child a teaspoonful every half hour. He had assured the parents that the child would not live twenty-four hours, but the next day we detected a slight moisture, which finally developed into a free perspiration. He kept this up for quite a number of days, and the outcome was that the child recovered.

STERILITY.

John D. Estell, M.D., Cincinnati, Ohio.

In these days of anomalous conditions, of feminine men and masculine women, when many of our women become so perverted they take drugs and other means to prevent conception, and if not successful in prevention do not hesitate to plunge lead pencils, sounds, catheters, etc., into their pregnant womb at the risk of their health and life, and in spite of the fact that one of the most stupid though well-intentioned national laws went into effect January 10, 1910, making it a felony punishable by $5,000 fine and imprisonment for five years at hard labor to even impart any information whatever relating to the prevention of conception, it is a consolation to know there are still pure-minded American women who have that

natural mother instinct and seek us for relief of sterility, for sterility in native-born American women has become a common and serious matter.

Excluding the sterility of infancy and senility, we may define sterility as the inability of the individual to produce offspring. When a woman comes to us seeking relief from this condition, we should treat her with the profoundest consideration. We should not submit her to the indignity of an examination, until we have ascertained the condition of the husband.

It has been variously estimated that from 7 to 40 per cent. of cases of sterility are the fault of the male. Epididymitis being the chief cause. Only about 10 per cent. of the afflicted remaining potent. We should not pronounce a man potent because he can perform coitus and has normal sexual desire. Old age, wasting disease, congenital defects and venereal disease (especially gonorrhea) may incapacitate the man to produce virile spermatozoa, or may destroy entirely the procreative power.

We should not advise operation or even treatment for sterility, until we have made a thorough examination of the husband, including microscopic examination of the semen. An examination may disclose orchitis, stricture, congenital chordee, phimosis, para-phimosis, nondescent of the testes or varicocele, or the spermatozoa may be inactive or entirely absent.

Having satisfied ourselves that the husband is potent, we make careful examination of the wife, for the causes of sterility in the females are about as numerous as the diseases peculiar to her sex. In a broad sense a woman is sterile who can not become pregnant, or if pregnant can not produce a viable child.

Sterility may be complete or incomplete, congenital or acquired. Sterility is complete or absolute when due to congenital defects, disease or surgical operations that render the generative organs incapable of performing their functions. It is relative or partial, when, on account of some defect in development or nutrition, the function of the reproductive organs are inadequately performed. The condition may be temporary and disappear on the improvement of the general health, or upon the removal of some obstruction or disease of the genital tract.

To appreciate the causes of sterility, we must keep in mind the mechanism of conception. Graafian vesicles in all periods of growth occupy the cortical substance of the ovary. Each follicle contains a fluid and the ovum. As the ovum and follicle mature, the fluid distends the follicle which ruptures and discharges its contents. The ovum is washed into the pelvic cavity. Under normal conditions it reaches the fallopian tube and passes through it toward the uterus. If at this time coitus takes place, and virile spermatozoa are deposited at the upper part of the vagina, the spermatozoa of their own power of movement will enter the endometrium and work their way upward along the genital tract, probably meeting the ovum near the abdominal end of the fallopian tube. It may take them several days to traverse the distance. They have been observed as late as five weeks after sexual intercourse at the abdominal end of

the tube. In order that conception take place, it is absolutely necessary that the ovum meet the spermatozoa and become fertilized, and when fertilized that it find a suitable place in the endometrium, favorable for its development and then become imbedded.

A sterile marriage may result from absence of spermatozoa, faulty general nutrition, defective reproductive organs and indeterminable causes. The acute infectious diseases may cause permanent atrophy of the reproductive organs and consequent sterility. Enteric fever, scarlatina, variola, cholera, diabetes and nephritis are frequently associated with sterility.

For examination, we should instruct the patient to empty the bowels and bladder, for when full they displace the pelvic organs and increase the difficulty of conjoined examination. The retained feces and urine may be mistaken for solid or cystic tumors. The vulva and vagina should be disinfected lest we carry infection on up into the genital tract, except in cases where we desire to study the character of the secretions. We place the patient on the table in the dorsal or Sim's position. I prefer the former, especially in office practice. The patient loosens the clothes about waist and sits on the extreme end of the examination table. Cover her with a sheet and assist her to lie on the back with small pillow under her head. Under the sheet, without exposure, the feet are lifted and placed in stirrups. The sheet falls between the limbs and exposes only the vulva and the part to be inspected. We assure our patient she will neither be hurt or unduly exposed.

In making an examination of the genital tract we may find any of the following conditions, which may produce, or tend to cause sterility. Observing the vulva we may find a stenosis, or the labia majora and minora may be fused together, so as to obliterate the vulvar orifice. This may be congenital, or due to a rare disease, called para, or dissecting vaginitis, which involves the submucous connective tissue causing atresia. In passing the finger into the vagina we may come in contact with a rigid or imperforate hymen, which makes intercourse painful or impossible. The finger may be stopped by an atresia of the vagina, either congenital or due to an adhesive inflammation, or there may be complete absence of a vagina. The presence of a septum in the vagina sometimes renders sterility possible.

Vaginismus is a nervous condition characterized by spasmodic contractions of the vulva and muscles at the lower part of the vagina. These spasms occur on an attempt to make digital or speculum examination, and precludes the possibility of successful coitus. Vaginitis may produce a hyper-acid secretion that is antagonistic to spermatozoa. It may produce incomplete sterility by cicatrical stenosis or by adhesions of the cervix to the vaginal fornix. Vulvo-vaginitis frequently causes sterility, by preventing coition or rendering it painful and imperfect. Painful carunculæ and kraurosis vulvæ are causes of dyspareunia and consequent incomplete

sterility. Vesico-vaginal fistula permits the urine to escape into the vagina and destroy spermatozoa, both by its toxins and the vaginitis it causes.

We place one hand on the hypogastric region, and with the finger of the other hand in the vagina or rectum, may, by conjoined examination, find total absence of the uterus. This may be congenital or the work of a surgeon. The womb may be infantile; this is a chief cause for sterility and a deplorable condition met chiefly in our large cities. We should not depend on vaginal examination alone, for the cervix may be fairly wel' developed and the corpus be nothing but a fibrous cord. Normally, the finger should come in contact with the anterior lip of the cervix and the mouth should be down and back toward the sacrum. We sometimes find a condition of ascent and retro-location of the uterus, caused by contraction of the utero-sacral ligament from inflammation. The cervix is so high we can not touch it, and we frequently find these women barren.

Decided anteversion and retroversion bring the mouth of the womb in close contact with the vaginal wall, effectually closing the mouth, and in many cases causing infecundity. In retroflexion, digital touch discloses the cervix uteri low in the pelvis. The fundus is felt through the posterior vaginal wall in Douglas cul-de-sac. While unfruitfulness frequently results from the constriction preventing spermatozoa from entering, the more direct cause is the endometritis caused by the obstruction. We recognize an acquired anteflexion by resisting bands behind the uterus, downward and forward direction of cervix in long axes of the vagina, and try palpating the angle of flexure in front of the cervix. The congenital form, by small size of uterus, pin-hole os, reverse lengths of cervix and body, cervix measuring two-thirds, body one-third. Conjoined examination, together with the aid of the sound, will show us any change in the direction of the uterine canal, and differentiate between these displacements and myomata or other tumors of the womb. While the presence of these tumors may produce sterility, they may be also complicated with pregnancy.

In sounding the uterus for stenosis or atresia, we must be careful lest the sound catch in a fold of the cervical mucosa and make the canal appear imperforate. If these valve-like folds be left undisturbed they may give rise to obstruction. Stenosis or atresia may be congenital or caused by caustic applications, or by improper repair of cervical lacerations. In endocervicitis we have a gelatinous plug formed that prevents the spermatozoa from reaching the endometrium, while endometritis may produce a pathological secretion so abundant and so hostile to the impregnated ovum as to prevent implantation.

Venereal diseases, especially gonorrhea, are responsible for more cases of sterility than all female maladies combined. Sterility caused by syphilitic or gonorrheal endometritis or salpingitis may be relative or absolute, more often the latter. This is a wise provision of nature, for it limits reproduction in those having venereal disease.

Uterine fibroids may cause sterility, but conception may take place even

though they are present. The lack of fecundity may be due to excessively long fallopian tubes, which become kinked or obstructed by adhesive bands A salpingitis may set up thickening, adhesions, kinking, stenosis or atresia of the tube, preventing the passage of spermatozoa. Myosalpingitis through the inflammatory thickening impedes the passage of the ovum. Endosalpingitis may dstroy the cilia so they can not aid in the transmission of the ovum, while catarrhal salpingitis may cause temporary obstruction of the tube by the swelling of the mucosa.

The removal of both tubes does not necessarily cause sterility for pregnancy has followed where they have been ligated close to the uterus, the ligated stump having sloughed off, the uterine end of the tube remaining sufficiently open to transmit the ovum.

The removal of both ovaries, except in possibly rare cases, where a third ovary is found, renders sterility absolute. Even if a small portion of the ovary remain after operation, pregnancy may take place. An ovarian cyst may cause partial sterility, but unless it has entirely destroyed the cortical substance of the ovary, it does not cause absolute sterility. Ovaritis may result in atrophy or other organic changes that will render the ovaries incapable of producing mature ova.

We must not forget the fact that infecundity is sometimes due to premature menopause, but the most aggravating cases are those women who have never borne children (probably doing everything to keep from it), who become distressingly anxious to do so when their menopause commences. Then we have the pretender who abuses the use of the vaginal douche and uses other preventatives. Other cases will come who have been in the hands of the surgeon, and are ignorant of the fact that they have been unsexed. But when a young husband, who has married an artful widow, seeks you to relieve her of sterility, and an examination discloses she has been relieved of uterus and appendages, you can not help feeling he has been buncoed and your intelligence insulted.

The symptoms of sterility are the symptoms of the diseases enumerated, plus the inability to beget offspring.

The treatment will be that indicated in the various conditions, either medical or surgical. As we have a paper on treatment, I will briefly say, I have discarded tampon treatments, as I consider it filthy and certainly disgusting and uncomfortable to the patient. Our object should be to correct displacements and keep a clean, open genital tract. The best way to do this is by intrauterine medication, together in many cases with the use of Outerbridge dilators, three days before menstruation and to be removed five days after. The claim is sometimes made that intrauterine injections or secretions are liable to be forced through the tube into the abdominal cavity. This is absurd, as the portion of the tube joining the womb is one inch long, and the opening is so small as to scarcely admit a bristle. The points in intrauterine medication are, first, sufficient dilation

for egress of fluid; secoid, fluid warm and thrown well back of the fundus; third, use no concentrated solutions.

Sterilization of the Unfit.—The science of eugenics, which is one of the most recent of medical sciences, has made such rapid strides, and is becoming so important a factor in the recognition of the elements that make for the betterment of the race, that we would do our subject an injustice if we did not consider the sterilization of the unfit.

The importance of heredity in the development of physical and mental degenerates has long been recognized by medical men, but it is only recently that active steps have been taken to render degenerates sterile.

Castration has been considered too severe and mutilating, but vasectomy (the double excision of a portion of the vas deferens) is considered a safe and simple operation. By touch we locate the vas deferens, make an incision, separate the vas deferens from the vessels and nerves and then divide. The distal (vesicular) end is then ligated and the incision closed. The lower end of the vas being patent, insures the escape of the seminal fluid among the vessels and lymphatics of the pampiniform plexus. This enables the organism to retain the stimulating influence of the internal secretion of the testicle, as the organ becomes cystic if the vas is occluded. There is no attendant danger as the patient is able to go about his usual duties in an hour or two. It robs him of none of the satisfaction of sexual intercourse, simply deprives him of the power of impregnating by the retention of the spermatozoa in his own system. Some authorities claim that it improves the patient's general health, especially in neurasthenia, nervous debility due to sexual excess, masturbators, etc., probably due to the resorption of the spermatic fluid.

A similar operation is performed on females by section of the tubes. The Hoosier State, in which we have the honor of holding our present national meeting, was the first State to pass a law for the sterilization of the unfit, in 1907. Since then similar laws have been adopted by Washington, California, Connecticut, New Jersey, Nevada, Iowa and New York. The Indiana law makes it compulsory for each and every institution in the State ,intrusted with the care of confirmed criminals, idiots, imbeciles and rapists to appoint two skilled physicians and surgeons of recognized ability to examine the mental and physical condition of the patients recommended by the institutional physician and board of managers. If they consider it advisable the surgeon shall perform the operation he considers safest and most effective to render them sterile.

The California law states they must be convicted at least twice for sexual offense or three times for any other crime. It applies to any State hospital or home for feeble-minded.

The Connecticut law applies to State prisons and hospitals for insane, feeble-minded, idiots and imbeciles.

Iowa comes nigh going the limit. It includes criminals, idiots, feeble-

minded, imbeciles, drunkards, drug fiends, epileptics and syphilitics, sexual perverts, rapists and prostitutes.

New Jersey's 1911 law applies to feeble-minded, epileptics, criminals, rapists, and other defectives. The opinion of their board must be unanimous. Before performing the operation the board must apply to the judge of some common pleas court. The court is authorized to assign council to represent the individual under examination, and all such courts are subject to review by the supreme court.

The New York law applies to State insane hospitals, prisons, reformatories, charitable and penal institutions in the State.

The State court of Washington, a court of last resort, is first to pass on the question so far. On September 3, 1912, it handed down a decision sustaining the law and affirming its constitutionality.

The Connecticut law restricts private operations. Here we see the hand of that despicable creature, the medical politician, who seeks to establish official medical offices. The law has not been enforced in some of the institutions in Indiana, yet over 1,200 cases have been unsexed so they may further contribute to race suicide.

It surprises me that the eugenic enthusiast in his endeavors for the betterment of the race has not endeavored to secure laws for the unsexing of those who marry or have sex relations with any other race than their own, who bring into the world hybrids or mongrels to be ostracised. That are neither this or that; that, that don't want, and this won't have.

On the first impulse we may think we have in vasectomy or ligation of the fallopian tubes a panacea for the betterment of the race, but on consideration we, as physicians, know we are all fallible; that any of us may err in diagnosis and prognosis. That the man who claims infallibility is a prevaricator, bigot, ignoramus or fool. The Iowa laws shows us to what extremes enthusiasts will carry things.

I personally know people who were insane, who are now grandparents, who have been cured and served useful lives in their community. They have begot children and grandchildren who are exceptionally bright, and have never shown any trace of insanity. In regard to imbeciles and idiots, the laws of all countries prohibit their marriage, and most of them are in public institutions where they can do no harm to themselves or others.

I would hesitate to pronounce a drunkard hopeless or a drug fiend incurable, for I am located uptown on the edge of the redlight district, and have seen some of the worst straighten up and make active and useful citizens.

Epileptics should either be segregated or rendered sterile. If we asexualize the syphilitics, why not the gonorrheal and tubercular? Yet eminent physicians of all schools claim they are curable.

The advocates of vasectomy tell us a man loses none of the satisfaction of sexual intercourse after operation. Of what practical value is it then for sexual perverts and rapists, except to prevent him from propagating

his species, but leaving him with his same old desire to rape and commit hideous crimes when at large. Castration is the only way to cure a rapist or sexual pervert.

DISCUSSION.

Dr. Holmes: I attended a clinic of a doctor from Jefferson Medical College, and in that clinic I saw Dr. Montgomery empty the uterus of a woman who was pregnant about two months, and at the same time block the Fallopian tubes. He claimed it would give her a better chance for a return to health. They only used cocaine and air, on account of her lungs being in bad condition, but they did the operation very nicely, and it took a very short time. I had never known a case like that, but I made up my mind it was a very easy thing to block the Fallopian tubes.

Dr. Carriker: It seems to me this surgical interference is indicative of degeneration instead of a higher civilization. I think the plan should be to endeavor to cultivate a higher civilization, cultivate the spiritual element of man. Teach him to realize his relations with humanity, instead of debasing manhood by such surgical interference.

Dr. Hufnail: The doctor mentioned the point of race. In our community we have about 150 or 200 light-colored people united to the opposite sex that are dark-colored. Now their children are outcasts from both sides, and in these cases I say it would be better to unsex them and unsex them right. Do not take any chances on blocking the tubes, but do a hysterectomy. They have a right to their choice, but they ought to think of posterity, and it is the little ones I am interested in.

Dr. Estell (closing): In regard to surgical interference, in a measure it would have been answered in the latter part of the paper. Of course, I know the ministers and a great many oppose this, and I do in some cases.

The statement the doctor makes in regard to unsexing the races, that of course I believe is proper. It is the right thing, for the man that advocates mixing the races, no matter whether he is black or yellow or what, is a most despicable creature.

In regard to surgical interference, I do not believe in indiscriminately unsexing people. I think our Government is becoming too paternalistic; but there are cases of sexual perverts where it would be better. Some men claim that a vasectomy will not rid a man of his sexual powers, it will not protect the woman from his assaults, and that he is worse after the operation, and that there is only one way and that is castration.

CASCARA AMARGA (PICRAMNIA).

T. S. Turner, M.D., Lebanon, Ind.

The bark Cascara Amarga (Honduras Bark) the bark of a tree, native of Mexico.

Indicated as a tonic, alterative and diuretic in acute or chronic syphilitic eruptions, chronic eczema, chronic nephritis. Owing to its eliminative and antiseptic properties it is of much value in septicemia, boils, carbuncles and abscesses. Its curative and reconstructive powers are quickly manifested. It can be readily tolerated by the most delicate stomach. In these busy days when the physician feels the need of therapeutic agents from which he may expect definite results, the mention of a remedy, be it old or new, that has proven successful in the hands of those who have had occasion

to use it, in a large percentage of cases, should be of interest to us all, and it is very certain to be received and adopted with gratitude by our progressive profession.

Cascara amarga, although no longer to be considered a new remedy, has perhaps not always been given the consideration it so fully deserves. Its literature in the textbooks on materia medica and therapeutics is limited. Many of the textbooks make no mention of this useful and valuable drug. When indicated there is probably no remedy that has a wider range of usefulness than cascara amarga, and it is doubtful if its true value is really appreciated by the medical profession. A few of its uses as I have found them are herein given. To illustrate:

Case I.—In 1911 Mr. S., a young man, presented himself to me for treatment for syphilis, having contracted the disease several years previous. There was a skin disease of a scaly pustular character with phagadenic ulcerations extending from the top of his head to the bottom of his feet, he had parted company with his hair and eyebrows, he had foul ulcers in the mouth, lips dry, swollen and cracked, sore throat with mucous patches. I prescribed for him the mother tincture of cascara amarga (Luyties) half ounce of tincture to aqua and glycerine q.s. to make four ounces, and gave one teaspoonful every three to four hours; he took in all six months' treatment, and to-day he has as healthy an appearance as any one, with no sign of return.

Case II.—In 1912, Mr. S., a telegraph operator, came to me for treatment, who had syphilis of two years' standing. He had been dosed with mercury and various other remedies. He had also spent some time in a sanatarium with little or no benefit. He complained of bone pains, worse at night and during damp weather, with a bruised feeling, mostly in the legs. He had falling of the hair and an eruption on the body; his legs were of a copper color from his knees to his feet; he had sore mouth and throat and a copper-colored eruption at the edge of the hair. He was completely exhausted and broken down. I prescribed for him the mother tincture of cascara amarga half ounce, aqua and glycerine q.s. to make four ounces, and gave one teaspoonful three to four times a day, under which he progressed slowly to recovery, and was discharged cured at the end of four months, with instructions to take the medicine twice a day for three months more, and no relapse has taken place so far, nor does he present any signs of the disease whatever.

Case III.—Mrs. W., farmer's wife, consulted me in 1912 for eczema, involving the entire scalp and face, hands and arms, of several months' standing, and had been growing worse despite the efforts of other physicians. This case looked incurable and had gone the rounds. I found on examination inflammation of the integument with all the characteristics of heat, irritation and tumefaction, an exudation of serum, constant itching, worse at night. In the study of our materia medica we often find different remedies having in some directions similar action, and the use of remedies

in combination, in cases where the single remedy does not cover the totality of the symptoms, has been very successful with me, and when not contra-indicated I combine that well-known alterative, echinacea, with cascara amarga. In this case she was given cascara amarga drams 2, echinacea (Merrell's) drams 2, aqua and glycerine q.s. four ounces. Dose: One teaspoonful every three to four hours. As a local treatment for the constant itching I prescribed pinus ointment (Luyties) with a few drops of carbolic acid to the ounce. This plan of treatment made a very prompt cure of her case.

I will mention another case which may be of interest. Case IV.—Mrs. R., middle aged, consulted me in 1913 for chronic eczema. This lady was covered from head to foot with the eruption. It was a typical case. She had tried all the home remedies and local doctors with little or no benefit. She had all the characteristics of irritation, tumefaction, an exudation of serum on parts of the body, and constant itching. I prescribed for her cascara amarga drams 2 (Luyties), echinacea drams 2 (Merrell's), aqua, glycerine q.s. 4 ounces. One teaspoonful every three to four hours. As a local treatment for the constant itching I prescribed pinus ointment (Luyties) with a few drops of carbolic acid to the ounce, and I am proud to say that in less than four months the patient was entirely well, and no relapse has taken place so far, nor does she present any signs of the disease whatever.

The long-continued use of cascara amarga singly or combined with echinacea in the conditions which I have mentioned has brought but little disappointment in the last few years, when compared with other remedial agents which are used in like manner. With this treatment, if continued a reasonable length of time, you can confidently promise your patient that he will not lose his hair and eyebrows. Local treatment will always be necessary to allay and overcome the severe itching. The only preparation I have ever known and used is Luyties' cascara amarga, mother tincture.

DISCUSSION.

Dr. Adlerman: I would like to ask three questions: The writer mentions three cases of syphilis. Were these cases primary, secondary or tertiary? Second, did he perform a Noguchi or Wassermann reaction when he started; and third, did he perform a Noguchi or Wassermann when he finished? If I were to treat syphilis (which I do not) I would certainly be obliged to perform either a Noguchi or Wassermann before and after the treatment, otherwise I could not conscientiously discharge my case.

Dr. Holmes: I did not catch the therapeutic properties of this cascara amarga. I feel what he has stated would be a very valuable remedy, perhaps, in treating syphilis, with some other remedies. I always use echinacea with good results, and I always use cascara sagrada. But I would like to have all of the properties given.

Dr. Webb: In speaking of cascara amarga as an antisyphilitic, that is a pretty broad statement to make. I presume no physician uses any more in certain cases than I do. But Dr. Adlerman struck the nail on the head when he asked if the doctor had made a Wassermann test. I had two

cases of syphilis come into my hands at one time that had been treated by different physicians with very indifferent effect, but they had both been pronounced to be syphilis. In order to determine whether it was or not, I had a Wassermann made, and it came back negative. I at once put the patient on cascara amarga, and in three months' treatment I cured her. Now to all appearances that was syphilis, but when you came down to the test, it was not. What it was, I am not prepared to state, but it was some condition cascara amarga would cure. I use cascara amarga in cases of eczema, and in cases where the portal circulation is at fault, but aside from that, as far as it being an antisyphilitic, without the Wassermann reaction I would not pretend to use it.

Dr. Turner (closing): In reading a paper before a convention the writer is often misunderstood. I read this paper for the purpose of learning more about cascara amarga. I have been interested in it for several years. I do not claim to cure syphilis in the advanced stages, in the tertiary stage, but I do claim it will cure syphilis in the incipient stage, because I have proved it. The cases I have treated have been to sanatariums and passed on by the Wassermann test as syphilis. I do not depend upon it to cure every case, but it will cure any case that is curable with medicine. If you do not believe it, get a preparation that is reliable, try it out and use it long enough and you will get results. I have used it more for eczema than anything else, but I mentioned it here as curing some cases of syphilis. For eczema it is wonderful, either with echinacea or with anything that you might think is indicated.

INTESTINAL TOXEMIA.

J. Paul Harvill, M.D., Nashville, Tenn.

I was called to see a child with spasms. Boy aged four years. Played with usual zest until 3 p. m., when he was seized with convulsions. I saw the child at 8 p. m., after the third convulsion. At this time the temperature was 105½°, pulse 180. Patient unconscious. After a thorough examination we could find no contagious disease. The throat was free from infection. No symptoms of ear trouble. Everything pointed to intestinal toxemia. We gave soap-suds enema with fairly good result. Hot applications were applied to the abdomen and cold applications to the head. The temperature remaining high, we gave two tablespoonfuls of castor oil. In one and one-half hours we gave an enema of castor oil and soap, with fine result. In one-half hour the bowel moved copiously and was extremely offensive. This was followed in a few minutes by another large movement which was still very offensive. These actions contained undigested banana, peanuts and beans. The child by this time was sweating freely, consciousness returned and temperature reduced to 101°. Fever entirely disappeared in twelve hours. Nourishment was withheld from patient for twenty-four hours. Water was given freely. In forty-eight hours recovery seemed complete. This type of case is frequently met with, especially during the summer season.

If a child seems to enjoy its usual health and should have a sudden rise in temperature with or without a chill, with a high range of fever, it

is not probable that it should be from any infectious diseases, scarlet fever excepted. In nearly all the infectious diseases we have some premonitory symptoms that help us in making our diagnosis. While inflammation of the middle ear and throat infections sometimes carry a very high grade of fever, we can usually exclude these troubles by a careful examination of the throat and the history of the case. In toxemia of the intestines we frequently have as a high temperature as in scarlet fever, pneumonia or middle ear troubles. When fermentative changes in the gastro-intestinal tract proceed beyond a certain point they become a menace to the health and comfort of your little patient.

Treatment of these cases, as outlined above, is very simple. Flushing the colon as indicated, and towels wrung from plain hot water or turpentine water. There is no remedy quite so applicable to these cases as castor oil in large doses. The longer the putrefactive products remain in the intestines, the more the irritation following. You may have colitis or entero-colitis, calling for aconite or ipecac, etc.

DISCUSSION.

Dr. Mundy: I do not know anything quite so interesting to the doctor and the family as convulsions. There is nothing that will arouse the interest of the neighborhood as a case of convulsions in a child. The question of the outcome will depend upon the cause. If it is, as Dr. Harvill has said, intestinal, the convulsions are without danger; that type of convulsion is without any prognostic significance. The danger to the child in intestinal toxemia is not the convulsion, but the danger lies in the cause. If the intestinal irritation remains sufficiently long to induce enteritis or colitis, that is the danger to the child. So when we make a diagnosis of convulsions, we have not made a diagnosis at all, we have simply told the parents what they already knew. The welfare of the child and the peace of mind of the parents will depend upon our making a proper diagnosis of the cause of the convulsions upon which to base our prognosis, which is always the point of interest to the parent. One of the first questions a mother will ask is, "Will the child get well," and the next, "How long will he be sick?" These questions can only be answered correctly when you have made a correct diagnosis. Often as a routine measure, when in doubt as to the cause of convulsions, I resort to colonic flushing and supplement it by castor oil, so as to clean the intestinal tract, for it does not make any difference whether the convulsions are the result of toxemic conditions or not, cleaning out the intestinal tract is a good routine measure at any time.

Dr. Morey: This is a fine paper. I dread bananas for a child. In a high altitude, like El Paso, the doctors dread the diseases of children. If you want to give children bananas, mash them up and make a sandwich, or slice them and use them with cream at their meals; otherwise I would not give children bananas.

Dr. B. K. Jones: "Of all sad words of tongue or pen, the saddest are these, it might have been," I do not like to get into the habit of indulging in vain regrets, which we will do if we fail to insist that the nurse be careful to avoid placing the new-born baby on its back. The consequences are so distressing, because we know it might have been avoided.

LEUCORRHEA.

Augustus P. Hauss, New Albany, Ind.

Leucorrhea means a discharge of white, yellow or green, thick or mucoid secretion, originating from the vulva, vagina, cervix or uterus. This secretion may represent either a hypersecretion or an inflammatory product.

A purulent secretion from a urethritis may be accumulated within the folds of the vulva and may cause in addition to its own accumulation chronic localized inflammation of the inner surface of the labia of the vestibula and about the introitus. A purulent involvement of one or both of the glands of Bartholin may cause a more or less constant discharge of pus; to which may be added the secretion resulting from an associated vulvitis. Such a secretion is to be noted in chronic and acute gonorrheal involvement of the vulva and of the ducts and canals which open into the vulva.

Hypersecretion.—A milky, serous secretion is characteristic of the vagina. A normal vaginal secretion contains squamous epithelia alone. It is wrong to consider any vaginal secretion of this nature, even though profuse or inflammatory. Such condition is often the result of hypersecretion and is noted with pelvic tumors and other conditions which cause pelvic congestion. Hence, after labor hypersecretion may be due also to chlorosis, to anemia, to onanism and excessive intercourse. Hypersecretion represents an increase of the normal secretion which is of a milky serous character.

Bacteria in the Vagina.—There has been and is much difference of opinion as to the presence of pathologic bacteria in the vagina. Some finding streptococci and staphylococci in a certain proportion of cases with pathologic secretion, while others deny such findings. It must be remembered that the vulva contains numerous bacteria and cocci of various forms. Menstruation, masturbation, lack of cleanliness, too frequent douching, intercourse, etc., are causes which favor the entrance of these vulvar germs into the vagina. We know that bacteria may be introduced into the vagina by manipulation of instruments or examination. Their growth may be favored by the wearing of pessaries for long periods or by the retention of tampons for too long a time. Thus really producing a mild vaginitis. The bacillus coli from the rectum especially in women with lacerated perineum and more so in women with tissues of lessened resistance find ready entrance into the vagina. Latent gonorrhea in the male is productive of infection of the cervix and uterus not always with the gonococcus but with the other cocci often present in such chronic prostatic conditions in the male. The blood expelled in menstruation, after abortion or labor, diminishes the acidity of the vagina and furnishes a medium which furthers the development of any bacteria or cocci which are present and furnishes a factor which favors their upward extension. Therefore it must be said that very often the bacillus coli and numerous bacilli and cocci of saprophytic type together with yeasts are found with pathologic

conditions in the vagina, cervix and uterus. In addition there may be found gonococci, and also streptococci and staphylococci.

TREATMENT.—Treatment consists first in cleanliness. The discharge being received upon absorbent cotton and gauze pads as soon as voided. Next in relieving as far as possible the conditions which have caused it. Speaking broadly, the discharge can have its origin in one of three places—first, the vagina; second, the cervix, and third, the endometrium of the body of the uterus. When a patient presents herself complaining of leucorrhea, the first thing to do is to determine the cause, if possible. Any local treatment would be worse than useless, unless the source of the trouble be removed at the same time. Cervical leucorrhea, always excluding a gonorrheal infection, is usually due to a catarrhal inflammation of the cervical endometrium, usually secondary to some other condition. The discharge here is very thick and copious. It is often accompanied by erosion of the cervix. When first seen every case evidencing vulvitis should have the vulva thoroughly washed with glycerine soap and water, making use of cotton sponges. If it is secondary to conditions existing in the urethra, bladder, vagina, cervix or uterus, these affections must be treated in addition to the preliminary washing. The vulvitis itself is benefited markedly by warm sitz-baths taken twice daily for a period of fifteen minutes. Shaving of the parts, if the skin area is involved, is of great value. Twice daily, a douche should be taken consisting of one or two drams of acetate of aluminum to two quarts of warm water.

Vulvitis associated with gonorrhea should be treated by cleansing of the structures. Mild solutions of corrosive sublimate, 1-5,000 to 1-10,000 should be used. The parts should be carefully separated and gently sponged with cotton soaked in this solution. Bichloride gauze should then be placed in such a manner that the sides of the vulva are kept apart. A gentle T-binder should be applied. The vulva should be washed in this manner several times daily, each washing being preceeded by a vaginal douche of bichloride of mercury 1-2000. The patient should keep in bed, laxatives should be administered four times a day. Acetate of potassium should be given if the urine is scant and highly acid, in 15 grain doses, three times daily, in half a glass of water.

In gonorrheal vaginitis the vagina, if not too sensitive, should be washed with the aid of a Ferguson speculum with sponges soaked in a carbolic solution, and gauze soaked in 1 to 5 per cent. protargol should be introduced into the vagina, especially into the posterior fornix and left in place for several hours. Still later the vagina should be bathed with the aid of a Ferguson speculum with solutions of nitrate of silver, one per cent., and the vagina should be gently packed with sterile gauze or iodoform gauze left in place for twenty-four hours, then irrigate daily with alum two per cent., or permanganate of potash 1-1000. In very chronic cases, if silver nitrate one per cent. or stronger fails, paint the vagina every two or three days with tincture of iodine and pack the vagina

with iodoform gauze. Continue the treatment until the vaginal epithelium desquamates. Douches should then consist of tannic acid, sulphate of zinc or alum, one dram to the quart.

Leucorrhea of Virgins.—In the treatment of vaginal hypersecretion in young virgins, cure of chlorosis often corrects the fluor. If bacteria have developed on the basis of this condition, astringent vaginal irrigations are necessary. Arsenic and iron are of value. The catarrhal conditions are due to anemia and to transudation prompted by the hyperemic state of the blood.

Each individual case should be carefully studied and the indicated remedy administered with due consideration as to the betterment of the hygienic conditions of such patients.

ORIFICIAL SURGERY AN AID TO THE GYNECOLOGIST.

Benj. E. Dawson, A.M., M.D., Kansas City, Mo.

The gynecologist often realizes that his armamentarium is inadequate to successfully meet the demands made upon his skill in relieving the numerous complaints of his patients. For the last two or three decades, especially with our old school brethren, the routine practice has been tampons of ichthyol, boracic acid, glycerine and other remedies of a kindred nature, as a local application. There is very little advance from this to-day. I do not condemn this method of local treatment and often use it where indicated. I am aware that Eclectics are finely equipped with a line of potent remedies for internal medication in these cases; and while we are proud of these remedies we sometimes realize our helplessness in the presence of stubborn cases and unyielding symptoms. We should not allow prejudice to close our eyes to the potency of new therapeutic measures. We should not refuse to use other methods, because not found in the textbooks of our fathers or current Eclectic literature. The very word, Eclectic, means select the best, and our patients are entitled to it.

The philosophy of orificial surgery is based upon the law of reflexes, buttressed by the solid facts of anatomy and physiology. Pathology in parts dominated by the cerebro-spinal system is manifested by pain. Pathology in parts of the body dominated by the sympathetic is manifested by disordered function, and that frequently in an organ remote from the seat of the lesion. When we know more of the laws governing reflexes and metastasis, we will have paved the way for utilizing the various therapeutic measures. In emphasizing the importance of learning the language of reflexes, it is not intended that other causes of disease should be ignored. Certainly we should not treat a disease due to central lesions alone as a reflex disorder. I do not wish to be misunderstood.

What is a reflex action? Reflex actions are involuntary and are of two kinds—in health and in disease. Reflex action in health is always regular and has a purpose in view; reflex action in disease is irregular and purposeless. If a stimulus is applied to the extremities of an afferent nerve,

the impression is carried along that nerve to a reflex center, then back over an afferent nerve to, it may be, a remote part of the body, and an action produced differing in kind from the stimulus, but corresponding with the function of the afferent nerves so affected. Every irritation must produce its own reflex action. Gastric irritation causes frontal headache; renal irritation will cause occipital. Uterine or prostatic irritation will produce headache in the top of the head. Intestinal irritation in children results in convulsions. Irritation of the sexual system often brings about epilepsy.

A message of distress, delivered by the afferent nerve to the pelvic or abdominal brain, is reorganized and emitted through an afferent nerve, along the line of least resistance. The disordered function or pain is in harmony with the organ or part receiving the reorganized message. Woman's nervous system is highly wrought and extremely sensitive. It responds quickly to peripheral irritation, often intensified in the reflexes to the cerebral and spinal centers. The cerebro-spinal centers may be affected, through the sympathetic system, by irritation of the sexual organs or rectum.

Hysteroepilepsy may be due to stenosis of the cervix and is often relieved by dilatation of the uterine canal. Laceration of the cervix, with its resultant scar tissue and impingement of nerve terminals, may produce the most aggravated form of neurosis or psychosis. Multiplied thousands of women in our insane asylums could be stripped of the fetters that bind and clothed in their right mind, by simply relieving impinged nerve terminals. From the viewpoint of nervous association the uterus and rectum are twins; an important fact, overlooked by most gynecologists as well as proctologists. In every case of chronic uterine pathology you will invariably find trouble with the rectum, and *vice versa.* This accounts for many failures in both specialties. The gynecologist who treats a uterine trouble without giving attention to the rectum is derelict in duty, and is depriving his patient of that to which she is entitled. Ovarian pain is not always indicative of ovarian pathology. It is frequently reflex, for which trouble in the rectum may be sponsor.

Orificial surgery is not a cure-all for all the ills human flesh is heir to, nor is it so claimed by its most ardent votaries. It has its failures but they are based largely on lack of differential diagnosis and inadequate after-treatment. Orificial surgery is essentially nature's assistant, and whatever lies within the power of nature to cure, assisted by this wonderful measure, reinforced with other indicated remedies, may be safely claimed can be cured.

Differential diagnosis is of vast importance to the orificialist, and its failure is often the iceberg upon which is wrecked the Titanic of success. We must ever keep before us the waste and repair of the sympathetic nerve. We must seek for impingement of sympathetic nerve terminals and release them. Let me illustrate: A prominent surgeon, who had held a chair in an Eastern medical school, a man with a brilliant mind and good education, was enthusiastic over the results of this work, after he bought

and read my book on orificial surgery. A young lady, afflicted with a stubborn neurosis, who was a former patient of his, now resides in my home city. He decided she needed orificial work and, when passing through, brought her to me. I happened not to be at home just at that time, so he took her to the hospital and proceeded to do a circumcision and a little trimming. He went on his journey, but she remained stationary with her trouble. I subsequently met her mother, a lady of fine family, who informed me that her daughter received no benefit from the orificial work. She said she knew a case of obstinate epilepsy cured by orificial surgery, and could not understand why it failed in her daughter's case. I was not in a position to explain, the cause of the measure being futile, as she had every confidence in this surgeon. Here is another case in point:

A prominent orificial surgeon promised to cure a certain patient in four weeks. He dilated, curetted, removed pockets and papillæ, operated on the cervix, etc. At the end of four weeks she was no better. After months with no improvement, she was circumcised, labia removed and the American operation performed, with promise of a speedy and absolute cure. After months of waiting the patient grew no better. Laparotomy was then performed and one ovary removed, which was found to be cystic, and gave some relief for six weeks, when she again grew worse. Another uterine dilatation and "cervix" performed, and the uterus packed with iodoform wicking twenty-one times, and still the patient was no better. Again she passed under the knife and the other ovary removed, which was also cystic. No improvement, and the search for her trouble was kept up. After three years of almost continuous suffering the trouble was located in the sigmoid flexure, when proper treatment brought relief and restored the lady to health. One more illustration:

About one year ago, an insane girl, seventeen years of age, was placed in my charge. She had recently become despondent, then tried suicide, and at the time became violently suspicious, especially toward those most dear to her. I broke up adhesions, circumcised, dilated and smoothed up the orifices, but failed to cast the demons out. Close questioning brought out the history of a fall some four years previous, on roller skates. I found there had been a fracture of the two lower joints of the coccyx, with vicious ligamentous union; also a badly retroverted uterus, with strong adhesions. I removed the two joints of the coccyx and shortened the round ligaments. Improvement began at once and continued to complete recovery. This was less than one year ago. To-day she is a happy bride of a few months, and has gained nearly forty pounds in flesh. Of course, I followed this work with other measures, such as medication, electricity, massage, etc., but these would have been futile without the orificial work.

As a codicil I will add a little item of practical value, which may interest and help the surgeon and general practitioner, as well as the gynecologist. When in doubt of your diagnosis between appendicitis and ovaritis, search for tender spot at the right of the second and third lumbar spines.

If it is found opposite the second, it is appendicitis; if opposite the third, it is ovarian trouble. A hard substance should be used to find the tender spot, such as the blunt end of a fountain pen or thermometer case.

HEMOPHILIA.

M. S. Canfield, M.D., Frankfort, Ind.

In presenting for your consideration a paper upon this topic, I fully realize it is one of rare occurrence; but when we meet with this remarkable condition we will be anxious to have the experience of others.

The first report of a case of this nature was made by John C. Otis, M.D., of Philadelphia, in 1803, entitled "An Account of an Hemorrhagic Disposition Occurring in Certain Families." He called his patients "bleeders."

In 1881, A. Verneuil, M.D., in *International Encyclopedia of Surgery,* Volume 1, page 319, said: "To express my opinion in one word I am in no degree convinced that there is such a special condition deserving a special place in nosology and a special name, and because if hemophilia really has an existence I shall wait for it to be a little better demonstrated." Bulloch and Fildes, whose researches have been very thorough, declare the immunity in females: "In none of the families of bleeders do we find any unequivocal evidence of abnormality in the women; that is to say, any abnormality beyond what might be expected in any collection of females taken at random." Otto has demonstrated that while females do not have hemophilia themselves, yet they alone transmit it. Bulloch and Fildes report 171 cases in which 160 conform to the "law of Nasse," that the disease is transmitted by the unaffected female. They fully explain the remaining eleven cases.

The symptoms are unmistakable—bleeding and hemarthrosis. The knee and elbow are most commonly affected. This has been at times mistaken for tuberculosis. It has been wisely said that, "No solitary hemorrhage, however inexplicable, should, in our opinion, be regarded as hemophilia; it is necessary to show that the individual has been repeatedly attacked, if not from birth, from infancy" (Bulloch and Fildes).

Inasmuch as I have, on a previous occasion, presented a paper for your consideration upon this remarkable condition, I shall at this time confine my remarks to a case that has occurred in my own city, a case that has given me much annoyance and has caused me to give this malady earnest consideration. Blood examination—red blood cells, 4,401,100; white blood cells, 10,000; hemoglobin, 70 per cent. My patient at this writing is nearly eight years old, and during the past year has been able at times to attend our city school. When this boy was born he appeared normal, and it was not until he was eleven months old before we were aware of his serious condition. At this time he received a bruise, and from this the blood issued continuously but not rapid. After many days the flow of the blood ceased only to occur from the slightest injury. A scratch is sufficient to start the

gentle dripping similar to the flow of water from a maple tree in the spring of the year.

The hemorrhage may be either external or into the joints, occurring without an apparent injury. When the joints become affected, the pain is very severe and for weeks the swollen joints remain in this painful condition.

As to the treatment: After trying many remedies I find no therapeutic agent superior to chlorid of calcium. The lactate of calcium does not appear to control the condition as does the chlorid. At one time this patient had a temperature of 102° F., and hemarthrosis was so severe we were compelled to resort to narcotics. At this time the patient was given anti-diphtheritic serum as follows: First day, 500 units; second day, 1,000 units; third day, 2,000 units. This relieved the painful condition from the first dose, and we repeated the serum again in one week and again after another week, and no more morphine was needed. Immobilization is absolutely necessary when the joints become swollen and painful.

DISCUSSION.

Dr. R. L. Thomas (Cincinnati): This is a very interesting paper. Hemophilia is a condition that is not very common, and the cause is not very well known. I believe there is some connection between arthritis and hemophilia. At least you will find most of these bleeders have joint trouble. I have a young man among my patients who is a bleeder, sometimes from the nose, or from other parts, sometimes from the urethra. And the hemorrhage is not always from the outside. This man weighs nearly two hundred pounds, and his right knee is stiff and he walks with a cane. He went out on a wet sidewalk, his cane slipped and he fell and doubled that stiff leg under him. Within twenty-four hours that leg presented a bruised appearance from the toes to above the knee; it was a dark, plum color. No hemorrhage outside, but the leg was badly swollen and this plum color. It remained that way for days. He finally died from apoplexy.

A Member: How did you stop the bleeding?

Dr. Thomas: I do not know whether the medicine did very much good or not. I think I got most help from cinnamon and mangiferi.

Dr. Frank Webb (Brideport, Conn.): We have quite a few bleeders in the hospital, and we had a case very similar to the case Dr. Thomas mentioned. There would be times when the slightest accident would bring on this bleeding, and it would be six weeks before it would be absorbed. Most of the physicians in the hospital are regulars, but one day soon after I was appointed, the case was called to my attention. I gave him first lachesis, with very little success. Then I fell back on crotalus horridis. He stayed there three weeks, and when he left I gave him a bottle of this medicine and he took it for three months. I saw him eight months after, and he had had no more hemorrhage. Sometimes he would bleed from the lungs, but usually from some of the capillaries.

Dr. Canfield: I do not wish to take up unnecessary time on this, but I want to say to you that when you have a case of nose bleed, do not call it hemophilia. This is a rare disease. I have been practicing forty years and have had two cases. When I pinch that child's arm, it will cause a condition that will remain for days and weeks. That little child fell one day and struck its head, and from that came a large tumor that remained for months. * * *

The National Eclectic Medical Association

QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
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"TO CALL AN ECLECTIC IS TO BE CURED."

In the history of great achievements of the world, in the history of the great boons to humanity, the Eclectic school of medicine will be placed upon the front pedestal. The Eclectic school of medicine, with its rich materia medica, its kindly, positive, specific medication, has done the same for humanity that reform in religion did for mankind. It lifted it up from the dark ages of ignorance and therapeutic nihilism to the glorious lights of specific medication of the twentieth century.

What can be greater, what can we say more than the great, human Eclectic motto: *"Vires vitales sustinete."*

I glory and I am thankful that I am allowed by the all-wise providence to be a part of this great reform movement in medicine. I glory and am thankful that I was enlightened enough not to enter the old school ranks, when I commenced to study medicine. I glory and am thankful that I can see far enough ahead to perceive the great task that is still before the Eclectic school. The task of redeeming the sick world from the unscientific, barbarous methods of medication as practiced by many physicians who are still groping in the dark, still in the age of ignorance, but who should be forgiven, as they know not what they do.

Brother Eclectics, wherever you are, in the South, North, West, or East, in the cities, or in the hamlets, will you carry the light of knowledge, the light of specific medication to the benighted masses?

Brother Eclectic, a double duty is before you: to heal the sick, and to teach your brother physician of the old school. Give him freely of your knowledge, teach him freely how to use your materia medica. Work hard within these lines, your reward is sure to come. Already the people say, "To call an Eclectic is to be healed." Let this stay as our war cry, spread it far, spread it wide: "To call an Eclectic is to be cured."

Your duty this and next year is to the National Society. We are pledged to come to Frisco one thousand strong. Will you be the one to halter us

from fulfilling the pledge? No, positively no! I know you will not only come, but you will bring another Eclectic brother with you.

What are we doing in the National just now? The officers are working hard. In each and every State we are organizing, reinstating and accepting new members. Yes, new members, not only from the Eclectic school but from the old school. Of course, we do not get many from the old school ranks, but we get the intelligent ones, and they can not help but become Eclectics.

THEODORE DAVIS ADLERMAN.

A LOOK INTO THE NEAR FUTURE.

Law-making time is not far off. Soon, very soon, the saviors of the "dear people," our so-called regular friends will introduce bills to save the "dear people" from the unscientific hordes of Eclectics and Homeopaths. Examining boards will be asked to increase their requirements so that a graduate will be seventy years of age before he will be admitted to practice. He will have to answer questions which are of no practical use or value and which the examiners themselves can not answer. He will be required to study Sanscrit for ten years, spend the next seven years in some germ hospital; he will have to know all the coal tar products "made in Germany"(the study of which alone will require about a life time, as they spring up like mushrooms, over night). He will have to devote seven years to study how to make a microscope. He will have to know the first seven chapters of the seventh book of Confucius. He will have to spend ten years in Lassa, Thibet, and learn the thirty-seventh chapter of the thirty-eighth book of Buddha, and—what? This does not interest you? You want to know if he will be able to treat a pneumonia? That, my dear friend, is unnecessary, as long as he is a regular graduate of an A+ school, and as long as he joins the regular medical trust.

THEODORE DAVIS ADLERMAN.

LEGISLATION.

Judging from the matter published in the October, 1914, issue of the Journal of the Kansas Medical Society, politics is an all absorbing topic in the Sunflower State, especially to the old school of medicine. Medical politics has reached such a degree of importance that the entire issue (forty full pages) are devoted to this subject, all matter of professional character being crowded out.

Beside this it would seem from a circular letter issued that more direct and personal appeal is being made to all who may be concerned. We are led to wonder if the medical profession can justly be accused of doing all this from a strictly humanitarian standpoint. Is it not possible also that their political zeal will ultimately put their efforts and claims on a par with the broad promises and narrow practice of the political bosses and leaders. To be sure, they have an excuse that the "Chiropractic Bill" is a menace to the "dear people" of Kansas who do not know a good

thing when they see it in the form of relief from chronic and incurable diseases. It looks like a sad commentary on medicine and medical practice when "force must be called in to win back our love" to unsuccessful, yet authoritative, medical practice. It would appear that the so-called "cults" really constitute a menace to legitimate medicine. If so, why?

We are again led to wonder if really the welfare of the people inspires all this legislation; if the populace is so helpless and ignorant as to need legal protection, why is it that all legal restriction must be placed about the medical profession, as such, for the rascally medical charlatan, the rank advertiser, the medical fakir seems to receive no notice from our legislatures, either at the hands of the profession or politicians.

It seems to us that the secret leaks out through the statements of the circular letter which relates the startling fact that a certain man who is favored for congressman because "I know that Senator Shouse was the very best friend to the State Board of Health in the last (State) legislature. He gave the Board exactly what they required in the way of appropriations, and he was in position to control this matter, as he was chairman of the Ways and Means Committee of the Senate." Would this organized fight be on if there was no plums to be plucked while the people and their health is being considered?

The wail that goes up from the Journal of the A. M. A., October 10, 1914, under the head of "Current Comment," in bidding good-bye to the "National Department of Health" during the Wilson Administration is pitiful. The political regime of the A. M. A. greatly regrets that the President has decided that some other measures are of more importance than the pet of the A. M. A., for which they have labored in vain for a quarter of a century. The writer does, after a lot of coddling talk, admit the fact that "our Public Health Service has developed into a most efficient bureau, and is doing excellent work."

We again wonder if there is any legitimate excuse for the continuance of the fight for this "department," which we are assured will be renewed in the next presidential campaign. Our writer gives us the definite and valuable information, partly answering our query by the statement, "It is not a question, however, of the value of the present organization, but whether a better one might not be obtained."

Again, we wonder if our far-sighted and patient medical politicians may not see "plums" in their visions of a National medical department, and coveted power to dominate the medical profession of the entire country, behind the impregnable front of a "department" or bureau?

Honest now, do the dear people really need all this solicitude?

If we are to profit by example, if we are to learn anything by the experience of others, would we not do well to consider for a moment the beauties, comforts and operation of the only bureau-cratic government in the world, that of Russia, and ask ourselves if this land of the brave and home of the free, with her boasted self-government and high percentage of educated

citizens, must be dominated by such a type of government in any branch? Have the people showed themselves so unwilling to be well, so averse to health and so dense in judgment that in this one particular alone we need a despotic board or bureau to step into our homes and compel obedience to the dictates thereof. Shame on such Americans and more shame to such Americanism. B.

CONSOLATION.

The following is the text of a letter recently received by the editor and is food for reflection for some of our younger men who are eternally talking about "scientific medicine." In copying the address the writer's name is omitted.

"Dear Doctor:—Soon after having graduated from Jefferson Medical College, in 1890, I recognized that even though I had received my training in therapeutics from the late Professors Bartholow, Wood and Hare, the relief of diseased conditions was not what I believe it should be. One day I purchased a copy of "Specific Diagnosis," by Dr. Scudder. I read and reread the book, placed the knowledge gained into practice and since then the practice of medicine has been a pleasure. Being positively opposed to the methods being adopted in every way to dwarf the advancement of drug therapeutics by the American Medical Association as well as other so-called trust methods, I have decided to associate myself with the Eclectic school and wish to know about the National as well as State Associations. Thanking you for such information, I am, yours fraternally."

The leaven is working. How much no one can tell, as our allopathic friends practice our methods and say nothing. Only a few years ago one of their bright lights was reciting the virtues of ipecac in small doses in dysentery. Eclectics have been aware of its usefulness for half a century. Let the good work go on. Possibly some good may come out of Nazareth.

M.

VIBURNUM PRUNIFOLIUM.

While viburnum prunifolium is an American plant, it is less known than it should be; it is an agent which is efficacious without being toxic. We have used it in dysmenorrhea, and with advantageous effect. Naturally, therefore, we have read with more than usual interest the researches of Chistoni, of Professor Marfori's clinic, on the pharmacology of viburnum prunifolium. This paper, published in *Giornale internazionale delle scienze mediche* for June 30, 1914, is possibly the best piece of work that has been done on this subject; it is clear, complete, careful, strictly conservative. Chistoni remarks that while viburnum has been an object of much interest to clinicians, pharmacologists, on the other hand, have paid infrequent attention to it. Indeed, no regular experimental study of its effects exists. Medicinally, it is believed, viburnum prunifolium has specific effects on the uterus, what is called a selective action on the uterine nerves and muscle. —*Editorial New York Medical Journal, August 5, 1914.*

Viburnum prunifolium, or black haw, has been known and used by the Eclectics for fifty or more years, and we use it with as much confidence when indicated as we use morphine hypodermically to relieve pain. We use it in dysmenorrhea, menorrhagia and threatened abortion. It enters into the composition of many elixirs and proprietary compounds advocated for diseases of women.

A possible reason for its restricted use by Eclectics might be explained by its introduction in Johnson's Medical Botany, edition 1884, page 164, describing viburnum prunifolium and opulus. We find these words: "Both these species of viburnum are said to be antispasmodic, nervine, astringent and tonic, and to act specifically upon the uterus. Viburnum prunifolium is especially praised as a uterine sedative and is considered by many very efficient in threatened abortion and in dysmenorrhea. The author has experimented with it to a considerable extent, but with very unsatisfactory results. He has employed it in many cases of threatened abortion, enjoining at the same time absolute rest in the recumbent position, but *never* with any good effect which could be *fairly* attributed to the drug. He has never been able to discover that it restrains hemorrhage or abates any of the ordinary symptoms of threatened abortion. He has observed, however, that to many patients it is intensely disagreeable, not unfrequently exciting nausea and vomiting, and thus directly contributing to bring about the result which it was intended to avert. With its use in dysmenorrhea he has had less experience, but so far as it goes tending only to confirm him in the opinion that viburnum, as a uterine sedative, has been much overrated."

The probable reason for the failure of the author in his experience could be explained by either the dosage or preparation used. We have never witnessed vomiting produced by it and have administered it in doses ranging from a few drops to a teaspoonful, using both the specific medicine and fluid extract.

Hare, in "Practical Therapeutics," does not, and Woods barely mentions it. We have read several short articles recently in the *New York Medical Journal* advocating its use in threatened abortion and dysmenorrhea with success. Clinical experience with the remedy attests its value in the above conditions, notwithstanding laboratory experiments, may not discover any physiological or poisonous properties. Now that its remedial effects have attracted the attention of clinicians across the pond and has filtered back again, it may attract the attention of the dominant school of medicine.

M.

SECTARIAN.

The appellation of "sectarian" applied by the Allopathic School of Medicine to all dissenters has never seemed to me to be either correct or just. The definition of the word does not fit all dissenters, and it appears to me to be incorrectly applied and fits more nearly the attitude, teaching

and action of the dominant school rather than any of the dissenters. Medicine and philosophy have had their dissenters since the foundation of the world. Especially is this true of religion. The earliest records exhibit such dissensions, sometimes in faith, at other times in the form of government. Were it not for the dissensions with their resulting reformations in church and State, man would be living in the "Dark Ages" to-day. It was these dissensions in religion, politics, science and philosophy that have been responsible for the advance of civilization.

The reform in medicine has been due to the efforts and the effect of those effects upon the dominant school They have effected a complete and thorough change in the entire trend of internal medicine. Webster defines sect, as "a body of persons, who have separated from others in virtue of some special doctrine or set of doctrines, which they hold in common"; "sectarian, a partisan."

The Standard: Sect: "The body of adherents of a particular philosophical system or teacher; a school of a particular system of philosophy. A body of persons distinguished by peculiarities of faith and practice from other bodies adhering to the same general system."

If I can understand English as thus defined, the term "sect" or "sectarian" can not be applied to Eclectics or Homeopaths with any greater degree of reason than to allopathy. I take it the dominant school are the strictest adherents to sectarianism, and the term more aptly fits them than it does Eclectics.

The Standard defines "sectarian": "Pertaining to, peculiar to, or devoted to the interests of a sect or sects, especially by attachment to a sect or domination; often used in derogation as implying heresy or bigotry, and also as an opprobrious epithet for schools *not sectarian,* but under the auspices of a denomination."

Now, this definition fits allopathy to a dot. I have only to call your attention to the obligation heading their application to membership in their associations to prove my case. No other school of medicine is guilty of such narowness or bigotry. Every man is free to practice or use such means as will assist his patient, no matter what the source. Again, they blindly follow authority or a teacher. This is seen in the blind and aimless following or obeying the mandates that go forth from those in authority. Again, they are the only school casting reflections upon all who are honestly and earnestly seeking the uplift of humanity, who do not blindly follow their dictation and who dare think differently. Yea, they even resort to persecution and avail themselves of legal enactments to secure their end. Innuendoes, aspersions, opprobrium, might, wealth, an appeal to State and national government and officers are all resorted to. The action of the early church in the days of the martyrs and reformers was no worse.

Eclectic means "broad in matters of taste and belief, liberal, unfettered." We ask no man joining our associations to ascribe to any doctrine or creed. The name was adopted as the distinguishing term for a body of men

earnestly seeking a reformation in medicine, when it needed it as badly as the church ever did. Have they accomplished their aim? Only in a measure. The dominant school is still floundering in the quagmire of doubt and uncertainty so far as it pertains to therapeutics. A few bright minds dare think for themselves, but the rank and file blindly follow the leaders in the various therapeutic vagaries enunciated from time to time, else they are compelled to use the therapeutic methods of the liberal schools.

In an editorial in the *Medical Council* for September, 1914, entitled "The "American Institute of Homeopathy," a letter is extracted from the *Public Ledger* written by a Homeopathic physician, taking issue with the president, Dr. Wilcox, on that portion of his address relating to the loyalty of Homeopaths to their cause. He calls attention to a movement in Philadelphia to bring the profession together which he claims is successful and to which many Homeopaths have acceded. Let us see how generous and forgiving our Allopathic friends are and see who the sectarians are.

I have before me "The Weekly Roster of the Medical Organizations of Philadelphia," this open, free organization. On the last page of the roster is an application blank. At the bottom of the page we read thus: "Article 1, on membership, at present reads: Section 11: Active members must be graduates of an institution legally authorized to confer the degree of Doctor of Medicine, must be legally qualified to practice medicine in the State of Pennsylvana, and *state in writing that they do not accept any sectarian designation,* or *base* their practice on any exclusive dogma." How can any Homeopath or Eclectic agree to this and still be loyal? How can any man stultify himself by signing any such obligation and profess to be either a Homeopath or Eclectic?

There is nothing liberal in this and it is sectarian of the strictest type. It smatters much of medievalism. No obligation is needed in either of the liberal schools, save only the Golden Rule. It is the only "code of ethics" needed for men and the only one demanded. What is needed in medicine to-day is a more liberal spirit and less trade unionism. M.

OPPORTUNITY.

Stramonium can be utilized to replace belladonna in many cases; the ergot is found in many fields of rye; dandelion root, now at sixty cents, instead of seven cents, can be had for the digging and drying. The list of native drugs now at their best could be indefinitely extended. All one has to do is to look over his copy of the Dispensatory to find out where and how these plants are collected. It is absolutely certain that physicians will have to depend largely upon native American drug plants and products for the coming year, if not longer, and the opportunity for making money from their collection and preparation for the market lies at the door of every rural drug store.

Meanwhile, the druggist should get busy and find out how many things we can do without and how many things so commonplace as to be unnoticed

can be used in place of foreign products. We have become so accustomed to the kindly but remunerative benevolence of foreign manufacturers of synthetic drugs and chemicals that we have forgotten our own source of supplies. Now is the time to awaken to the fact that we can get along without most of them.—*From the American Druggist and Pharmaceutical Record, September, 1914.*

ECLECTIC THERAPEUTICS.

The European war is not only killing off the flower of young manhood in the nations engaged, creating devastation and waste in unhappy Belgium and France, but the effects are felt in various pursuits, trades and commerce in our own country. Not only is the cost of living increased, but by reason of the interference with commerce and manufacturing, many men are idle. The outlook for the coming winter is, indeed, grave. Hunger and want are the only prospects for many a family, unless by some means the war can be stopped and men who know not for what they are fighting can be brought to their senses and a realization of the rights of others, as well as the gratification of their personal ambitions. Claiming to be Christian nations, they have forgotten entirely the second great commandment "to love our neighbor as ourselves." But I am digressing. The interference with commerce is felt by the medical profession. Prices have advanced materially. In some instances very much so. German-made synthetics and proprietaries are in some instances unattainable, and some crude drugs and plants manufactured or grown in Germany are in the same category. If the war continues, it will be impossible to obtain several remedies in common use. To the Eclectic practitioner with his knowledge of our indigenous plants and their therapeutic value, the loss or dearth of German preparations will not be of such moment. However, some of the preparations of common use by us are derived from Germany in the crude state. For such we must look for substitutes among our indigenous plants. This can be accomplished if we apply ourselves to the task. For instance, belladonna can be in many instances replaced by ergot. A substitute must be found for pulsatilla, etc. A new field and a large one is open to us. Will our school avail themselves of the opportunity afforded? Time will tell. It has seemed to the writer that our own country, with its diversity of climate, extending from the North Pole to the tropics, ought to afford conditions suitable for the cultivation of remedial plants independent of the Old World. Certainly variety of climate in abundance can be found. Not only is there an opportunity afforded for the cultivation of remedial plants, but our chemists ought to be independent of any reliance upon the old country. The government ought to abrogate the patents upon these synthetical compounds and give our own manufacturing chemists an opportunity, and we trust they will arise to the occasion and be equal to the task of at least supplying the American profession. Whatever the outcome, an opportunity presents itself to our own branch of the profession of which it should avail itself. M.

CALL FOR ECLECTIC PAMPHLETS.

Much demand there is, and much necessity as well, for a lucid presentation of the patriotic efforts that the Eclectic school of medicine has made during the past century in behalf of the therapeutic independence of the American people, as well as the medical profession. This seems to be now both a necessity of the people at large, and of the various schools of medicine, none of the thinking members of which are now presumed to be unfriendly to a profession interested in the general welfare of one and all, or prejudiced in behalf of a professional or scientific wrong that may be committed by persons in favor of any medical sect whatever.

At the meeting of the National Eclectic Medical Association in Indianapolis, it was decided that a committee should be appointed with the object of procuring expressive and fair presentations of the Eclectic cause, presented in as condensed form as possible, both to the medical professions of America, regardless of sect, and to the people who depend upon the professions of medicine for their care in sickness and for guidance in health.

This committee, with this object, calls therefore upon the friends of therapeutic progress and fairness, to present arguments for two condensed leaflets, *one* to be addressed to laymen and for promiscuous distribution by physicians, with the object of bringing to the people of America the altruistic cause to which Eclectics for one hundred years have devoted their thought and care in behalf of the best interests of the people, *the other* designed for the entire medical profession of America, with the object of disseminating authoritative information regarding the altruistic aim and object of the Eclectic school of medicine, which for nearly a century has devoted its thought and care to the development of the American materia medica. This, it may be remarked, is not for any selfish purpose whatever, but with the hope of serving the opportunities of the entire medical profession of America, in which the Eclectic school of medicine is an active part.

With this object, the committee asks argumentative contributions, each devoted separately to the object named, and each contribution as strong as it can be made for the purpose mentioned, one addressed to laymen, the other to the intelligent medical profession, as a whole. Neither of these should consume more than five thousand words, and each should be a fair presentation of the efforts of the Eclectic school of medicine in behalf of both the American medical profession and the American people, and explanatory of the century of effort the Eclectic medical profession has made in behalf of the American laymen. Those responding to this call are requested to send their contributions to Dr. John K. Scudder, 630 West Sixth Street, Cincinnati, Ohio.

John Uri Lloyd,
J. A. Munk,
J. K. Scudder,
Committee.

TRANSPORTATION TO SAN FRANCISCO CONVENTION.

Dr. John K. Scudder, Chairman,
630 W. Sixth Street,
Cincinnati, Ohio.

Dear Sir:—Account of the meeting of the National Eclectic Medical Association at San Francisco, during 1915, the *Burlington Route* propose to furnish special service—special cars or special train—from either St. Louis or Chicago, through to San Francisco. Chicago would be the logical point of concentration of the various members located east or southeast of there.

The following round-trip rates, limited to ninety days from date of sale, will apply from points specified: Boston, $108.00; Columbus, $74.80; Cincinnati, $71.90; Cleveland, $76.25; Lincoln, $50.00; Kansas City, $50.00; New York, $98.80; Philadelphia, $95,20; Pittsburgh, $81.70; Indianapolis, $67.50; Chicago, $62.50; Nashville, $62.50; St. Louis, $57.50.

In order to return via the Northwest through Seattle, Portland, Vancouver, etc., charge will be approximately $15.00 higher. These tickets can be so routed as to take in San Diego and Los Angeles.

The following Pullman rates will apply to San Francisco for standard lower berths: Boston, $18.50; Columbus, $15.00; Cincinnati, $14.50; Cleveland, $15.00; Lincoln, $11.00; Kansas City, $11.00; New York, $18.00; Philadelphia, $17.50; Pittsburgh, $15.50; Indianapolis, $14.00; Chicago, $13.00; Nashville, $15.00; St. Louis, $12.50.

Account stopovers at Colorado Springs and Salt Lake, at which points sleeping cars will be parked for occupancy by your party during stay, the Pullman rates will be somewhat higher than mentioned above.

The members from Boston, Philadelphia, Pittsburgh, New York, Columbus, Indianapolis, Cleveland and Cincinnati can meet at Chicago, and they, with the Chicago party, leave there at 11:00 P. M. The Nashville, Tenn., party can travel via St. Louis, and they and the St. Louis party join the Chicago party at Burlington, Iowa, leaving St. Louis at 7:40 P. M. The Kansas City party can leave at 10:30 the following morning, arriving in Lincoln at 5:40 P. M., at which point the Chicago party will arrive at 6:00 P. M., the entire party traveling together thence to San Francisco.

At 7:20 the second morning out of Chicago, Denver is reached, and the sleepers switched to the D. and R. G. tracks, party leaving Denver at 9:00 A. M. for Colorado Springs, arriving there at 11:40 A. M.

More interesting and beautiful side trips can be made from Colorado Springs than from any other city in the United States, and the following are suggestions for one-day trips in the Pike's region:

First.—Garden of the Gods, Glen Eyrie, Manitou, Williams Canyon and Cave of the Winds.

Second.—Pike's Peak cog road in morning. Garden of the Gods and Glen Eyrie, or Manitou and its Mineral Springs, or Williams Canyon and Cave of the Winds, or Incline Railway in afternoon.

Third.—The Cripple Creek trip.

Fourth.—Palmer Lake with M. W. A. Sanatorium drive, or Garden of the Gods, Glen Eyrie trip.

Fifth.—Manitou, Williams Canyon, Cave of the Winds, Ute Pass.

Sixth.—Stratton Park, Broadmoor, South Cheyenne Canyon, North Cheyenne Canyon and High Drive.

Your party would leave Colorado Springs at 11:40 the following morning, passing through Pueblo at 1:20 P. M. Canyon City, the entrance to the Royal Gorge, is reached at 2:45 P. M. Here an open top observation car

will be attached so your party can have an unobstructed view of the Royal Gorge and the Grand Canyon of the Arkansas. The Continental Divide is reached at 8:25 P. M., from which point a gradual descent is made to Green River, Utah, the famous fruit and melon district. Salt Lake City is reached at 12:35 in the afternoon.

A day could easily be spent at Salt Lake City sightseeing, among the more interesting places being the following: Salt Air Beach, famous Mormon Tabernacle and Temple. A special organ recital could be arranged for your party, without cost to you, at the Mormon Tabernacle. Brigham Young's monument; the Lion House; the Bee House; tomb of Brigham Young and Salt Lake Theater.

Your party would leave Salt Lake City at 12:45 noon the following day over the new Western Pacific scenic line. Skirting the shore of Great Salt Lake and traversing a country which fifteen years ago was practically wild, the train the following morning enters the Feather River Canon, following in the course of same nearly a half day. The afternoon ride takes your party through the new fruit and agricultural districts of California, made possible by the building of this new line. Oakland is reached at 5:50 P. M. and San Francisco at 6:30 P. M.

We will be pleased to prepare special dining car meals for your party. We will also issue an attractive itinerary and give same a general distribution to the members of your party. In same we will gladly insert any particular mention you desire to make of the convention, giving full list of attractions en route, side trips that can be made, and railroad and sleeping car fares, and insert any matter that you may suggest.

We will gladly arrange all the details of your trip and send with your party one of our experienced representatives to look after the welfare of your party en route. Respectfully submitted,

E. L. Langstadt,
City Passenger Agent, Cincinnati, Ohio.

Health Conservation at the Panama-Pacific Exposition.—Each of the great world's expositions of history has had its "uplift" side-show or its ethical or scientific phase. For example, at the Chicago World's Fair it was the World's Parliament of Religions; at the St. Louis Exposition great stress was laid on a World's Congress of Arts and Science. The Panama-Pacific International Exposition at San Francisco will go a long ways further toward the heart—and stomach—to find its basic idea. That idea or keynote is service—social, industrial, educational, hygienic, fraternal, economic.

The most pressing problems of to-day and of to-morrow—the problems of human welfare—furnish the basis not only of a large proportion of the 60,000 exhibits which already have been secured to fill the sixty-five acres of the eleven vast exhibit palaces, but of the laboratory and platform work of most of the extraordinary series of national and international congresses and conventions which will make San Francisco their headquarters in 1915. Fully 500 of such great gatherings are expected to hold sessions there; and of these, 221 already have voted to be present. In some instances a single one of these world congresses will bring 10,000 to 40,000 delegates and members from twenty to thirty-five nations; and a total of over a million delegates, all people of thought and of ideas to swap—already assured.

Health—physical, moral and mental health—is the topic which in greater or less degree will engage the attention of scores of these great

gatherings, and which will dominate acres of exhibits not only in the five-acre palace of Social Economy and Education, but throughout the exposition generally. In the great building devoted to Social Economy will be most of the exhibits made by the various foreign and State governments. These will be chiefly working displays and automatic wax and blown glass models, designed to popularize hygiene, physiology, sanitation, factory regulation and the like. These models, for the United States government and for some of the largest business and philanthropic corporations in the country, will be created on an elaborate scale never before attempted, by the celebrated Dr. Philip Rauer, and a corps of trained specialists who in April of this year came over from Stuttgart, Germany, at the invitation of the Rockefeller Foundation and of the Panama-Pacific Exposition to take charge of such work. Rauer is the man who created the greatest series of models ever seen, called "Der Mensch" (The Human Being), for the Dresden Exposition, and which is intended shall be shown at San Francisco. He will install a still greater lot of models for the United States health exhibit, on which a considerable part of the $500,000 appropriation will be expended. This government exhibit probably will be shown in a special Federal building to be erected by Uncle Sam at an additional cost of half a million dollars, the President having made such recommendation in April of this year. In the national display the cause and prevention of each of the more prevalent diseases will be visualized by means of models, relief maps and stereomotograph pictures in combination with the phonograph and moving pictures.

The hygienic displays made by individual States will be so selected as to avoid duplication. Thirty-eight States and Territories will participate. Dr. Rupert Blue, Surgeon General of the United States Bureau of Public Health, held a conference in Washington in June with the members of all the State boards of health and with the principal municipal boards. At this conference details as to the character and scope of the hygienic exhibit of each State and city was threshed out, so that each will display its specialty, no two showing the same thing at the exposition. This insures an invaluable and varied series of exhibits of an educational nature. It is claimed that this is the first time in the history of expositions that the "no duplication" system has been adopted. It is not confined to any one department, but it is the watchword in all the great palaces of exhibits.

This greatest of world expositions commemorates the completion of the Panama Canal, and this the greatest engineering feat of modern times was made possible only by the achievements of medical science; the foundation of the whole project being the sanitation of the Canal Zone. The great work will be exploited with great thoroughness in various exhibits and by learned and scientific bodies. Col. G. W. Goethals will preside over the sessions of the International Engineering Congress, which will meet at the exposition for a week in September, and he and his canal chiefs will make personal reports and addresses on every phase of the canal work, which afterwards will be published in eleven large volumes. About 25,000 civil, electrical, sanitary and military engineers from over thirty nations have accepted the invitation to attend this congress. Among the laboratory exhibits will be replica of the Panama Canal, 500 feet in length, with miniature ships passing through it, and relief maps, charts and wax models.

Cuba, which claims credit for doing the pioneer work in tropic city sanitation and in the eradication of yellow fever and plague, which made the later canal work possible, will come to the exposition with an elaborate hygienic exhibit which will occupy the most prominent place in the Palace

of Social Economy, and will include model hospital equipment, a model of a fever mosqito as large as an ostrich and automatic models made by Rauer to show at a glance how to combat tropic diseases. Cuba's appropriation is a quarter of a million dollars. Argentina, with the enormous appropriation of three million pesos, will have a very modern welfare and health exhibit, and Japan, France, Germany, the Philippines and thirty other countries will be well represented. It had been planned to bring to San Francisco the most important of the great welfare, civic and health exhibits from the Urban Exposition, which opened in Lyons, France, in May, 1914. Also the great British exhibits which were shown at Ghent last year, it is expected, will be brought over in their entirety.

In addition to the governmental and State exhibits, there will be unexampled health and human welfare displays assembled by such organizations as the American Steel Corporation, which expects to expend $100,000 on its exhibits; the General Electric Company, which also will show its appliances for conserving the health of its factory employes; the various insurance companies, the Rockefeller Foundation, which will concentrate on the measures taken to eradicate the hookworm, and the Russell Sage Foundation and Carnegie institutions and the Social Survey. All health and social economic displays made by commercial firms will be housed in the five-acre Mines building, along with an exhibit by the Federal government covering work done for the health and safety of miners.

Another exhibit of importance to the medical and surgical world is the model emergency hospital which the exposition already has installed. It is in charge of Dr. R. N. Woodward, superintendent of the United States Marine Hospital in San Francisco, and will be maintained by the United States Department of Health, although most of the equipment, which represents the highest achievements in sanitary appliances, has been contributed by various manufacturers. As in all other exposition departments, practically all these displays are products of the past decade. This hospital exhibit includes model automobile ambulance, a sterilizing room, an X-ray room, a library, operating chairs, surgical instruments and equipment, a drug room and the like. It will be used as the exposition emergency hospital.

Included in the series of 221 international and national congresses and conventions of learned, scientific, industrial, ethical and other bodies which already have voted to hold their sessions at the Panama-Pacific International Exposition, are many conventions having to do directly with public health and hygiene. Among participants will be the American Academy of Medicine, the National Eclectic Medical Association, June 15 to 18, the National Commission on Mental Hygiene, five organizations of the eye, ear, nose and throat specialists, various societies for the elimination of tuberculosis, cancer and other diseases, the Panama-Pacific Dental Congress, which will bring over 3,000 delegates with a clinic of twenty-five to fifty chairs, beginning September 9; the American Red Cross Association and the International Congress of Nurses, which will be represented by 6,000 nurses from fifteen countries. Affiliated with this nurses' congress which last met in Cologne in July, are the American Nurses' Association with 22,000 members, the National League for Nurses' Education with 12,000 members, and the National Organizaton of Public Health Nurses. This congress will bring an elaborate series of exhibits, including late hospital equipment, model wards, a Florence Nightingale exhibit and a model hospital mortuary as developed in Europe.

The American Medical Association also will hold its 1915 sessions at

the exposition. The sessions of all these bodies will be held for the most part in the new permanent auditorium which the exposition is erecting at a cost of $1,065,000, and which has a seating capacity of 10,000 in its main hall, with eleven subsidiary halls. The Festival Hall, with a seating capacity of 3,000, and the Greek Theater at the University of California, seating 12,500, visible across the bay from the exposition grounds, also will be used for these vast congresses.

NEWS AND NOTES.

California.

Dr. H. Clyde Smith has removed from Los Angeles to 594 West Broadway, Glendale.

D. Garnett Johnson, M.D., has removed from Los Angeles to Ardmore, Okla.

H. W. Crook has located at Slauson Junction, and S. M. Wilson at Inglewood, Los Angeles.

G. W. Groth has located at 1421 Toberman Street, Los Angeles.

Robert Evans has changed his address to Troma, San Bernardino County.

Dr. W. E. Smith will locate at Whittier.

Dr. N. C. Mosher will remove from Knisley, Kansas, to Santa Ana.

The Los Angeles County Eclectic Medical Society met Tuesday evening, July 7, at the college. The essayist for the evening was Dr. H. C. Smith; subject, "Diuretics." At the August meeting Dr. Harry G. Watson was the essayist; subject, "Early Diagnosis of Gastric Cancer," illustrated by lantern slides.

Dr. E. R. Petskey has removed to Metcalf, Arizona.

W. C. Bailey is now located at 1465 Regina Lane, Los Angeles.

Dr. D. A. Stephens is located at Union and Pico Streets, Los Angeles.

Dr. Wm. H. Henderson has moved to 10 Stoll Building, Sacramento.

It is reported that at a recent meeting of the California Board of Medical Examiners action was taken refusing to recognize osteopathic colleges otherwise than as drugless practitioner institutions. Several osteopathic colleges were seeking recognition for their graduates with the right to secure the license of "physician and surgeon."

Illinois.

Dr. W. F. Wright has removed from Ceresco, Neb., to Chicago State Hospital, Dunning.

The stepson of H. S. Lowrence, M.D., of Chebanse, died recently from an injury received in a holdup.

Indiana.

J. E. Holman, of the class of 1914, Eclectic Medical College, was the honor man in the recent examination before the Board of Examiners and Registration.

The governor has reappointed Drs. Moses S. Canfield, Frankfort, and W. A. Spurgeon, Muncie, as members of the State Board of Medical Registration and Examination.

J. S. Rinehart, M.D., has recently been appointed assistant of the Toledo Home Hospital, Toledo, Ohio, and has moved to that city.

Iowa.

Vasectomy, as provided for in the Iowa Sterilization Law, is unconstitutional, according to an opinion rendered at Keokuk, Iowa, June 24, by the United States District Court for the Southern District of Iowa. But it will apply to other States as well.

Kansas.

Dr. F. P. Hatfield, of Olathe, has been appointed physician for the State Deaf and Dumb School in that city.

At the request of the Kansas State Medical Society, the governor has appointed the following committee to revise the medical laws of the State of Kansas and recommend changes to be brought before the next legislature: Dr. James Milligan, Garnett; Dr. Joseph E. Sawtell, Kansas City, and Messrs. W. L. Burdick, Lawrence; Fred Dumont Smith, Hutchinson, and F. T. Ransom, Wichita. The society in its letter to the governor declared that the Kansas laws having a bearing on the practice of medicine are "inadequate, contradictory and confusing."

Kentucky.

Dr. N. B. Hughes will locate in Newport.

J. C. Mitchell, M.D., has moved from 1200 Market Street, to 905 Fifth Street, Louisville.

Louisiana.

At the recent assembly of the Louisiana State Legislature a very complete medical practice act was passed. One of the features embodied in the act is a physician for examination in the following branches: "Anatomy, physiology, chemistry, obstetrics, gynecology, physical diagnosis, surgery, pathology, materia medica, theory and practice of medicine and hygiene, providing that any person not using internal medication in his or her practice shall be exempt in examination in materia medica." In a concluding section there is a provision: "That nothing in this act shall be construed as applying to the practice of osteopathy or dentistry, or as affecting or changing existing laws on these subjects."

Michigan.

Dr. Joseph E. G. Waddington, of Detroit, has recently returned from a trip to Jamaica, Panama and Colombia, S. A.

Missouri.

Dr. Geo. H. Granau has moved from Bagdad, Fla., to Flat River.

The governor has appointed Dr. Marc Ray Hughes, St. Louis, a member of the State Board of Health to succeed Dr. Ira W. Upshaw, St. Louis, term expired. Dr. T. A. Son, Bonne Terre, to succeed Dr. G. D. Schulz, Cape Girardeau, term expired, and Dr. T. H. Wilcoxen, Bowling Green, to succeed himself.

New Jersey.

The New Jersey Eclectic Medical Society held its fortieth annual meeting August 13, 1914, at Newark, N. J. In the absence of its president, G. C. Young, M.D., Dr. Kitchen, of Washington, N. J., acted as president. Dr. Theo. D. Adlerman, president of the National Association, was present and participated in the proceedings. Although the society has lost several by death, at the meeting six new members were enrolled.

New York.

Dr. Maurice A. Sturm has opened an office at 237 West 74th St.

The Eclectic Medical Society of the City and County of New York held its monthly meeting at Van Glahans Hotel, September 17, 1914, Dr. Alperin presiding. Dr. Nillson read a paper on "Lactic Acid," and Dr. Graf on "Modern Improvements in Electro-Therapeutics in the Treatment of Obesity."

On September 29 the Kings County Eclectic and Therapeutic Societies held a conjoint meeting at the Hof Brau Haus, at which Dr. Charles Lloyd read an interesting and instructive paper on "Fraxinus Alba Americana." Dr. Frank Webb also read a paper on "Serpentaria."

Ohio.

Wm. Seitz has removed from Scioto to Portsmouth.

W. W. Morrow has moved from Springfield to Donnelsville.

Dr. F. B. Grosvenor has been elected as director of the clinical laboratory and instructor in theory and practice in the Homeopathic Department of Ohio State University. Dr. J. Arthur, of Ann Arbor, has been appointed as his successor.

Drs. Nelson and Hagan have removed their office to the Tippecanoe Building, Garfield Place, Cincinnati.

Dr. Henry A. Kling, formerly a resident of Cincinnati, now practicing in Roane, Texas, has secured reciprocity and will soon locate in Michigan.

Prof. J. U. Lloyd, of Cincinnati, was the guest of the thirty-first annual session of the Texas Eclectic Medical Association, held in the Chamber of Commerce Hall, at Dallas, Texas, October 28 and 29.

The Dayton Medical Society, organized in 1906, meets the second Friday of each month in the Y. M. C. A Building, at 8:30 P. M. E. E. Bechtel is president and J. F. Wuist, secretary.

The Ohio Central Eclectic Medical Association meets the second Thursday in each month at 11:30 A. M., in Columbus. President, Geo. Williams; recording secretary, S. M. Sherman.

The next annual meeting of the Ohio State Eclectic Medical Association will be held in Columbus, May 11-12-13, 1915. Recently the Executive Committee completed details and announced the section officers.

Drs. Charles T. Souther, Ralph Reed and Chas. Gregory Smith were the special examiners of the Civil Service Board at the examination held October 19 for the position of city physician and two assistants. Dr. Stewart Hagen was the only contestant for the position of city physician,

while Drs. H. M. Box, J. W. Hall, A. C. Bauer, G. C. Werner, J. H. Wilms and Schinkle appeared for the position of assistants.

Profesor John Uri Lloyd attended the banquet in honor of the seventieth birthday anniversary of Dr. Harvey Wiley, at Washington, October 17.

A bill to divide the State into health districts and to provide for whole-time, experienced district health officers, will be introduced at the next session of the general assembly. Each district will comprise one or more counties, and the county commissioners will act as a board of control. Only persons who have the degree of M.D., D.P.H., or some equivalent degree, will be eligible as candidates for the position of district health officers. All candidates will have to pass a civil service examination. The minimum salary is fixed at $2,000. In addition to the duties now performed by health officers and boards of health, the district health officer will be required to provide for medical inspection of school children, the inspection of work-shops, factories and a complete system of milk and dairy inspection. District health officers will have jurisdiction everywhere except in incorporated cities.

Dr. W. B. Hinsdale, for the past nineteen years dean of the Homeopathic Medical Department of the University of Michigan, at Ann Arbor, has been approached by the committee of Ohio physicians having in charge the establishment of a Homeopathic department at the Ohio State University, relative to accepting the deanship of that department. It is also understood that Dr. Hinsdale has been informed that he might fix his own salary, choose plans for the erection of a Homeopathic college and of hospital buildings and be assured that they would be equipped with thoroughly up-to-date apparatus. The offer made was a very tempting one to contemplate, but it is not thought the Michigan regents will allow Dr. Hinsdale to leave without a big fight.

Oklahoma.

Dr. Garnett Johnson has removed from Los Angeles, Cal., to Ardmore.

Pennsylvania.

The Pennsylvania Eclectic Medical Society held an unusually interesting meeting in Harrisburg, May 21-22. The opening address made by State President Campbell was well received. The enthusiasm manifested by various members was so great that action was taken on a mid-winter meeting. The officers elect are as follows: Dr. E. J. Dech, president; Dr. Ritter, vice-president; Dr. Nannie Glenn, treasurer; Dr. Shaulis, corresponding secretary; Dr. Heacock, recording secretary.

Texas.

Dr. W. H. Gore has removed from Eliasville to Eldorado.

H. H. Blankmeyer, of Aransas Pass, has been appointed Grand Medical Examiner of A. O. U. Workmen.

C. C. Schultz has moved from Houston to Corpus Christi.

Wisconsin.

Dr. Frederick A. Kraft, Milwaukee, returned from Europe August 10.

MISCELLANEOUS.

Treatment Must be Tested by Principles and Practice of Particular School (State *vs.* Smtih (Idaho), 138 Pac. R. 1107). The Supreme Court of Idaho says that it seems to be a sound and reasonable rule and well established by the authorities that the treatment of a physician of one particular school is to be tested by the general principles and practices of his school and not by those of other schools, and that a physician or surgeon is bound to exercise such reasonable care and skill as is possessed by physicians and surgeons generally in good standing of the same system or school of practice or treatment in the locality and community of his practice, having due regard to the advanced state of the school or science of treatment at the time of such treatment. When a patient selects any one of the many schools of treatment and healing to serve him, he thereby accepts and adopts the kind of treatment common to that school or class, and the care, skill, and diligence with which he is treated, when questioned in a court of justice, should be tested by the evidence of those who are trained or skilled in that school or class.—*Journal A. M. A.*, August 15, 1914.

Pennsy's Record.—Official records of the Pennsylvania lines east of Pittsburgh show that more than 108,000,000 passengers were handled during the calendar year of 1913 without the loss of a life. On the Pennsylvania system, which embraces 11,729 miles of main line, over which nearly 1,400,000 passenger trains are handled each year, the number of freight trains is almost as great and no passenger has been killed on the lines east of Pittsburgh since 1912.

OBITUARY.

Bowen, John T., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1889, at his home in Crawford, Ga., July 14.

Burris, John Eaton, Eclectic Medical College of the City of New York, 1876, at his home in New York City, September 10, aged sixty-eight.

Burton, Shadrack, Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at his home in Dallas, Texas, July 6, aged seventy-eight.

Cloyd, Stephen H., Eclectic Medical Institute, Cincinnati, 1887, a member of the Ohio State and National Eclectic Medical Associations, at his home in West Alexandria, Ohio, July 29, aged fifty-three.

Gladding, Charles Francis, California Eclectic Medical College, Los Angeles, 1897, at his home in Oakland, Cal., September 15, 1914, aged fifty-eight.

Grindle, John W., Eclectic Medical College of the City of New York, 1882, at his home in New York City, September 2, aged sixty-two.

Holbrook, Charles Allen, Bennett Medical College, Chicago, 1878, of Dorchester, Neb., at Lincoln, Neb., July 14, aged seventy-three.

Hildebrand, Guy H., King Eclectic Medical College, Des Moines, Iowa, 1889, at his home in Clearwater, September 7, aged sixty-two.

Howes, Pitts Edwin, Eclectic Medical Institute, Cincinnati, 1881, member of the Massachusetts and National Eclectic Medical Associations, secretary of the former for more than twenty-five years, and of the latter several years, died at his home in Dorchester, Boston, Mass., September 18, aged sixty-one.

Landrum, Walter L., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1910, at his home in Taylorsville, Ga., July 27, aged thirty-seven.

Lindsey, Hiram W., Eclectic Medical Institute, Cincinnati, 1885, at his home in Moorefield, Ohio, August 7, aged sixty.

Mason, Wilton Marcellus, California Eclectic Medical College, Los Angeles, 1891, of Lodi, a member of the California and National Eclectic Medical Associations, died in San Francisco, September 19, aged forty-nine.

Murphy, John H., Eclectic Medical Institute, Cincinnati, 1875, at his home in Ft. Worth, Texas, August 18, aged seventy-eight.

Perkins, Alfred J., Eclectic Medical Institute, Cincinnati, 1865, at his home in Daytona, Fla., October 1, aged eighty.

Poe, Lafayette J., Eclectic Medical Institute, Cincinnati, 1876, at his home in Butler, Ky., September 18, aged sixty-seven.

Pynchon, Edwin, Eclectic Medical Institute, 1873, at his home in Chicago, August 28, aged sixty-seven.

Richardson, William T., American Medical College, St. Louis, 1871, of Pierce City, Mo., August 5, aged seventy-five.

Reefy, Solomon L., Eclectic Medical Institute, Cincinnati, 1870, at his home in Edenburg, Ill., August 2, aged seventy-five.

Segurlund, Charles, Bennett Medical College, Chicago, Ill., 1897, at his home in Caledonia, Ill., July 24, aged forty-seven.

Shiveley, Samuel S., Eclectic Medical College, Cincinnati, 1881, a member of the Kansas State and National Associations, at his home in Kansas City, Kan., October 7, aged seventy-five.

Stratford, Henry Knox, Eclectic Medical College of Pennsylvania, Philadelphia, 1865, Bennett Medical College, Chicago, 1888, member of the Illinois Medical and charter member of the National Eclectic Medical Association, at the home of his daughter in Austin, Chicago, July 28, aged ninety-two.

Tate, Francis M., Eclectic Medical Institute, Cincinnati, 1874, at his home in Clarinda, Iowa, September 7, aged eighty-four.

Tuthill, John W., Eclectic Medical Institute, Cincinnati, 1878, at his home in West Milton, Ohio, July 24, aged eighty-two.

Vail, James Luther, Eclectic Medical Institute, Cincinnati, 1899, a member of the Arkansas and National Eclectic Medical Associations, from the effects of an automobile accident, August 17.

Van Tine, Margaret H., Eclectic Medical College of the city of New York, 1878, in Brooklyn, N. Y., September 3, aged eighty-six.

Walker, Gustave F., Eclectic Medical Institute, Cincinnati, 1872, at his home in New Orleans, La., August 15, aged seventy-three.

Warren, Albert Roderick, Eclectic Medical Institute, Cincinnati, 1882, at his home in Pekin, Ill., August 5, aged seventy-four.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

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First Vice-President—W. E. Daniels, M.D., Madison, S. D.

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Committee on Publicity—Pamphlets, Etc.—J. K. Scudder, Cincinnati, Ohio; J. Uri Lloyd, Cincinnati, Ohio; J. A. Munk, Los Angeles, Cal.

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Advise all Eclectics and their families that the fair will take place at San Francisco in 1915. I think June will be the best month to come here, but state in your advice that everyone who comes will need a light overcoat in the San Francisco climate, especially at night, as the temperature ranges near 60 to 65° F. No joke; plain fact.

Our committee will look out for all who come, but I advise that you advertise the fact long ahead and have all make arrangements in advance, so that we may have definite facts to work upon.

There will be no excessive rates allowed and our committee will do all we can to make everyone happy and give them a real Californian welcome.

I hope and feel certain that you will co-operate with our secretary in this matter fully so that the committee may work intelligently.

ALBERT J. ATKINS, M.D., *Chairman.*

734 Pine St., San Francisco, Cal.

NEW YORK, October 23, 1914.

DEAR DOCTOR:—I beg to inform you that at the last regular monthly meeting of the Eclectic Medical Society of the city and county of New York, held on October 15, it was regularly moved ,seconded, and the motion carried, that the following resolution be adopted:

WHEREAS, The Eclectic Medical Society of the city and county of New York is auxiliary to the State and National Eclectic Medical Associations; and

WHEREAS, By its per capita tax it has has helped to create the balance of $1,700.00 mentioned in the treasurer's report; and

WHEREAS, In the report of its meeting we have noticed with deep regret that one of our honored members, Dr. G. W. Thompson, presented a bill which the society refused to pay,

We desire to protest to the National Eclectic Medical Association against this action and respectfully request them to reconsider their action and to reimburse Dr. Thompson for the money expended in attending the Chicago conference.

Resolved, That a copy of this protest be sent to the president and secretary of the National Association and to the officers of our State Association.

Fraternally yours,

226 E. 10th St., New York, N. Y. HENRY STEINBERG, M.D.

A Notable Work on Biological Therapeutics.

A book of uncommon interest and value to physicians has just been issued from the press of Parke, Davis & Company. It is a new "Manual of Biological Therapeutics," receipt of a copy of which is hereby acknowledged by the editor of this journal. The book is handsomely printed in large, clear type, on heavy enameled paper, and bound in cloth. It contains 174 pages of text, upwards of thirty full-page plates in color, and a number of half-tone illustrations in black and white, together with a comprehensive index. As its title suggests, it is a concise and practical treatise on biological therapeutics and so replete with useful information that no practitioner should miss the opportunity to secure a copy, especially in view of the fact that the publishers announce that the entire edition is to be distributed gratuitously to members of the medical profession on individual application.

Something of the scope and value of the work may be inferred from this incomplete list of the subjects treated: Biology; Bacteria; Immunity; The Preparation and Uses of Sera; Antidiphtheric Serum; Concentrated Diphtheria Antitoxin; Allergic Reactions; Antitetanic Serum and Globulins; Antigonococcic Serum; Antimeningitic Serum; Antistreptococcic Serum; Bacterial Vaccines or Bacterins; The Opsonic Index and description of method of taking it; when Serums should be used and when Bacterial Vaccines are to be preferred; the various Bacterins and their Indications; Smallpox Vaccine; Pasteur Antirabic Vaccine; The Diagnosis of Typhoid Fever; The Agglutination Test without a Microscope; The Agglutometer; Ehrlich's Diazo-Reaction in Typhoid Fever; Gonococcus Antigen; The Wassermann Reaction; Coley's Mixture; Coagulose or Hemostatic Ferment; Bacillus Lactis Bulgaricus; Phylacogens, Their Preparation and Mode of Use; Mixed Infection Phylacogen; Pneumonia Phylacogen; Gonorrhea Phylacogen; Erysipelas Phylacogen; Rheumatism Phylacogen; Typhoid Phylacogen; Tuberculins in Diagnosis and Treatment; Organotherapy; Thyreoidectin and Thyroprotein; Thyroid and Thymus Glands; Adrenalin and Pituitrin; Corpora Lutea; the Biological Farm and the Research Laboratory.

To our physician friends we suggest the propriety of writing at once for a copy of this "Manual of Biological Therapeutics," addressing the request to Parke, Davis & Company at their home office in Detroit, Mich. It will not be amiss to mention this journal in writing.

It is freely conceded that the drugs or remedies that can be relied upon to produce definite and uniform physiologic effects are limited in number. The great majority of drugs depend so largely on dosage, the condition under which they are administered, and individual idiosyncrasy, that the effects that result are in most instances decidedly uncertain and only to be determined by actual test. There are a few drugs, however, that have a well-defined action, which the practitioner can be sure will follow with practical certainty.

It is recognition of this fact that leads so many discriminating physicians, when bromide-therapy is indicated, to turn to Peacock's Bromides, for experience has shown that this product is not only made from neutral bromide salts of the highest purity and quality, but compounded with a degree of care and skill that assures constant unvarying uniformity. It is not surprising, therefore, that Peacock's Bromides are so generally considered the ideal bromide preparation, as well as the most reliable sedative, antispasmodic and anticonvulsive.

Stubborn Cases of Rheumatism.—"Many stubborn cases of rheumatism respond rapidly to the influence of Tongaline. This product representing the highest degree of pharmaceutical skill contains the salicylates in an unusually potent form, because they are not obtained by synthesis but from the natural oil. In addition to their potency as anti-rheumatics, they possess the advantage of not deranging the stomach."

Physicians who appreciate honest pharmacy will find in Tongaline a product worthy of their highest commendation and confidence.

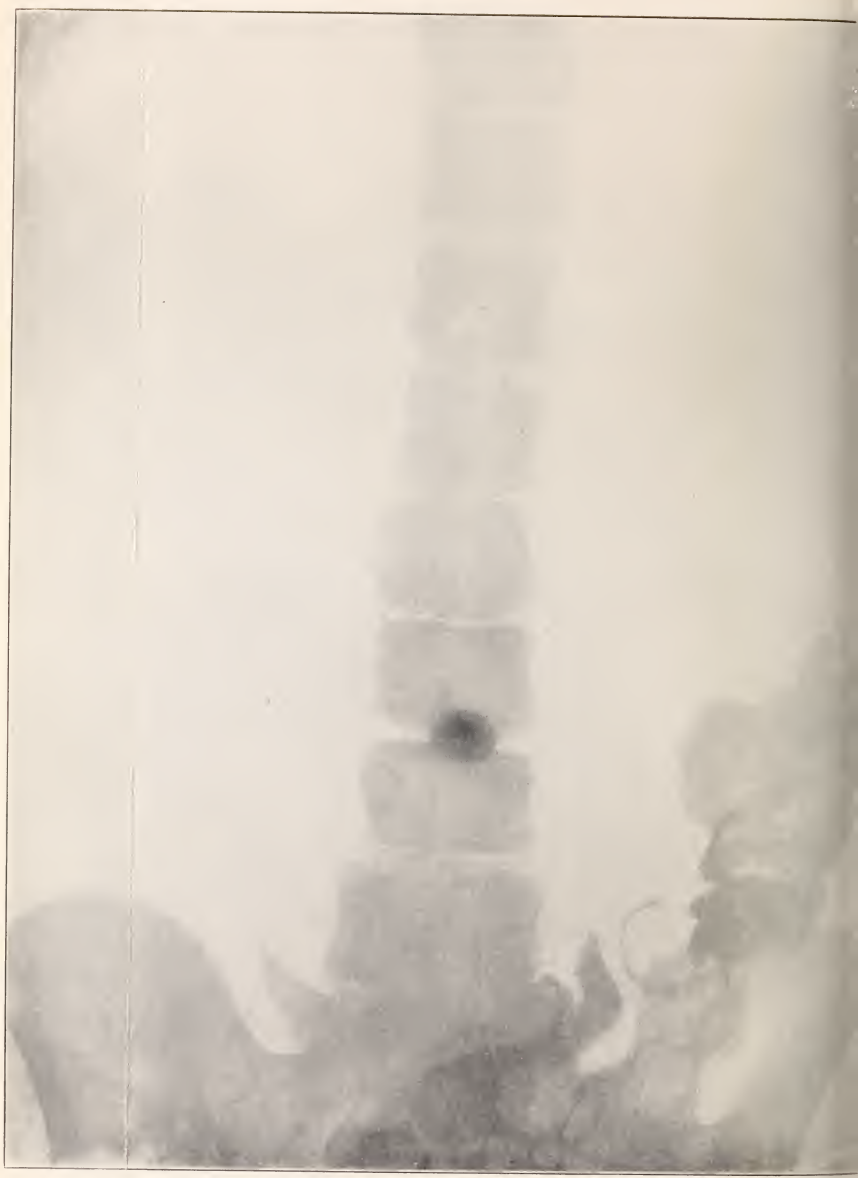
The second edition of Dewey's "Practical Homeopathic Therapeutics," just published by Boericke & Tafel, is a book that will prove to be immensely useful to *every* physician who can diagnose a disease, and this regardless of school. The book is what it indicates—*practical.* No doctor can afford to be without a copy. Furthermore, the publishers say this fact seems to be appreciated by the profession for the book is having a remarkable sale.

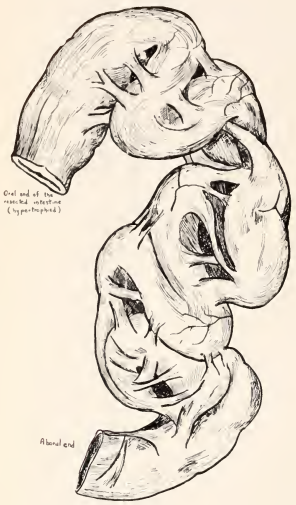
Physicians who have been desirous of prescribing Corpora Lutea, but have been unable to do so through inability of their druggists to supply it, will be glad to know that the manufacturers, Messrs. Parke, Davis & Company, have taken steps to secure sufficient quantities of the glands in future to meet the probable demands of the medical profession.

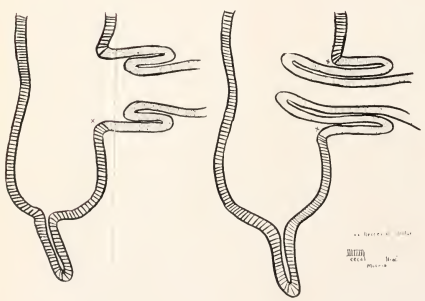
Syrup of Ipecac has long been a popular ingredient of cough syrups and many physicians prescribe it regularly in various combinations. It acts as an expectorantand emetic due to the action of the alkaloid cephæline.

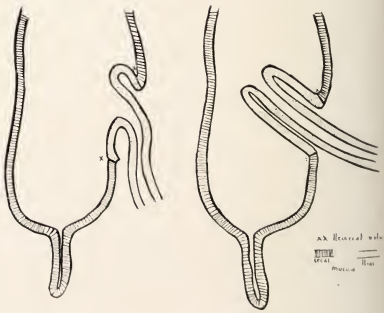
Syrup of Cephæline, Lilly, is just as effective as Syrup of Ipecac, and, furthermore, it is more reliable, of constant strength and acts more rapidly besides being much less expensive. The dose of Syrup of Cephæline, Lilly, is the same as that of Syrup of Ipecac, hence it can be prescribed in the same amounts. Many physicians are already writing Syrup of Cephæline, Lilly, q.s., instead of Syrup of Ipecac, on prescriptions.

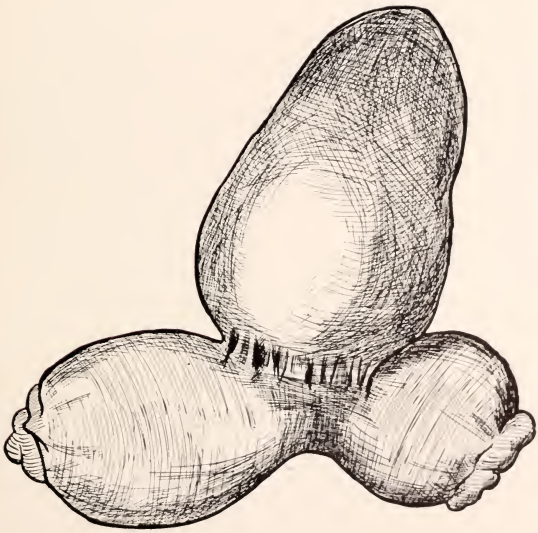
THE ENGRAVINGS ON THE FOLLOWING SEVEN PAGES ILLUSTRATE DR. F. L. WILMETH'S ARTICLE ON "DOUBTFUL LINE."

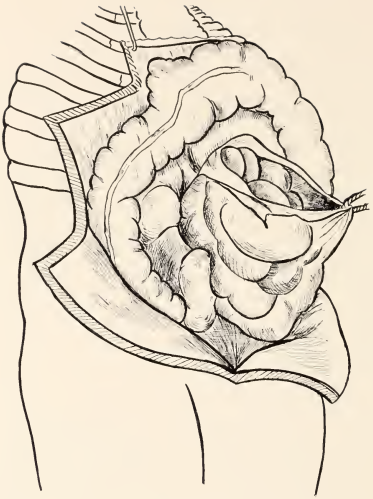



Oral end of the resected intestine (hypertrophied)
Aboral end









THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME VI. CINCINNATI, MARCH, 1915. NUMBER 3.

DOUBTFUL LINE.

F. L. WILMETH, M.D., LINCOLN, NEBRASKA.

I hope to receive the indulgence of the Association for developing a subject that I have not made any particular study of; that is, no more than other physicians have made. I have brought some cuts that were copied by a young friend of mine for the purpose of illustrating some things I wish to bring to your attention.

A number of years ago I read an article before the surgical section of our Association at Saratoga Springs, and in the discussion I discovered that there were a number of men that misunderstood the subject—either misunderstood or did not understand—and did not really appreciate that there was a necessity for careful consideration and very frequently the introduction of operative work for the purpose of arriving at conclusions. The subject I had at that time was "Ileus." I attempted to give a resumé of some of my notes, and found they had been improperly collated and compiled, so was unable to do so. I should like to take a few minutes on the subject today. One thing that I remember of the meeting at Saratoga was that one man, who evidently did not understand the subject, said he had had one thousand cases of obstruction, and he had never been compelled to operate, but had always relieved them with injection of air, and one doctor spoke up and asked if he used hot air.

These cuts show some typical cases. This cut shows an obstruction in the form of a band. You all understand that an adhesion contracts continuously, and on account of the strain exerted on an elastic membrane, like the peritoneum, it becomes elongated. This represents an obstruction by an elongated adhesion that has become a fibrous band. This is a cut after Cooper, and is taken from the pathological laboratory.

This cut represents an obstruction occurring as the result of a hernia into the duodenal fascia. It is taken from the Warren Museum.

Here is another form of obstruction that indicates the contraction that is due to irritation, and is the contraction of the small intestine upon the intestines and upon the gall-stones. It is said to be gall-stones, but my experience has been that gall-stones as large as represented here could not pass through the gall ducts. However, those who have had more experience with diseases of this character would be able to give a more definite

conclusion than I upon the subject. This is a cut after Mixner, and is taken from one of his specimens.

These are schematic representations of the various forms of obstruction which follow intussussception, and the most frequent point is at or near the cecum. This is merely schematic of the various forms of obstruction that occur at or near that point.

Here are four typical forms. Understand, these are types of diseases with which we come in contact that are not typical, but are modifications of these various types. This is a form of obstruction that occurs by the presence of a meta diverticulum, and is after Dr. Bunts. Here is a type that I have never seen, and I presume a great many who have had larger experience than I in ileus have not seen. This is a section of the ileum just below the diverticulum, and represents a specimen from Payr. It is an illustration of the fibrous adhesion that occurs in the small intestine. You will note in this specimen that there is still sufficient room in the intestine that liquid probably might pass, and yet the irritation of the intestine from the admission of an active cathartic might produce sufficient irritation to close in on these angles that have occurred from the adhesion.

This is a volvulus in the sigmoid, a type that is often met with.

These are simply types, and do not properly represent just one form or one type that you may have seen. Each of you may have seen all of them, but I must confess I have not seen all of these types. An incomplete volvulus, with adhesion following—a very small adhesion—will be sufficient to stop the flow of feces, and be sufficient to permit impaction and obstruction.

The fact that these conditions exist, whether operative, or whether the result of inflammation, or the result of disease, or habit, or of adjacent pressure, whatever may be the etiology, the fact that these conditions exist is sufficient warrant to the surgeon to determine, in many instances—especially in doubtful cases—whether mechanical causes for obstruction are present and can be removed.

Now I have an X-ray of a case, but it is not a very excellent skiagraph, and it is negative in character, and for that reason I brought it to you, indicating some of the mistakes we come in contact with even where we have exhausted every means of diagnosis. This patient was a post-operative case, and I want to say that I read with a great deal of interest a recent article in the Quarterly from Dr. Heeve, of New York—a very intelligent article—showing a very complete knowledge of the subject we are discussing, and a very excellent discussion of the subject. Those who saw that article will probably remember that it was a very complete discussion of post-operative ileus. However, we have other forms of ileus that occur from other than the manipulation of the viscera; other than from the existence of conditions for which abdominal operation must be done; other than that which occurs as the result of irritation from organic or functional disturbance. I believe this was the first exposure that was made

that shows the material in the stomach and the position of the stomach at that time. We find by the use of the X-ray that the stomach has a number of positions aside from those shown in the anatomies and physiologies. Also that the position of the stomach at rest will change with the weight of the contents, and with the removal of the weight the position will change, the same as the other viscera that are freely movable in the abdomen.

I think this was the next exposure, when the material used to outline these organs had passed down from the stomach into the intestinal tract. I think this was the next exposure, from the fact that the larger quantity of the material is in the sigmoid and the lower part of the viscera. The patient was a post-operative case, and the man who operated I know was a competent man, a man of good judgment, who would make a careful examination of his patient before operating. She suffered very severe pain in the left side and in the left iliac. Rectal and vaginal examination revealed nothing, and her surgical record said she had had a resection of the left ovary. She was somewhat hysterical at times, especially at the time of these attacks of pain, and her observation was that, previous to defecation, she had severe pains, and during the act she suffered intensely. I failed to find anything that would account for it, and as nearly as I was able I exhausted diagnostic means before operating, and on operating I found that there was an adhesion of the stump of the ovary to the sigmoid. This was detached, and the surface covered with the peritoneum as carefully as we were able, and yet this adhesion recurred, probably due to the manipulation of the parts and the handling of the parts when the separation of the adhesion was made and the peritoneal covering made of these parts. It was necessary to reopen the abdomen. We were loathe to do this because of the presence of hysteria, and because of some signs that we did not regard as hysterical. However, the abdomen was reopened, and we found these adhesions had occurred in almost identically the same place—the stump of the ovary and the sigmoid. We made the separation again, and that is six or eight months ago, and we do not expect a recurrence.

I have lost some cases of ileus, and I do not attribute it to the lack of judgment of the men who refer them to me; but I do attribute it to the fact that these patients too frequently are loathe to submit to a surgical operation. Honestly, I believe this: that there never was a patient who died as a result of surgical operation on the abdomen. They die because of the fact that the assistance that might have been rendered to them surgically was not rendered at the proper time. I do not know of any operation on the viscera or abdomen that is dangerous to that degree that it would be the cause of death, and I do not think death ought to be attributed to this cause, any more than we would attribute the death of a patient to the failure of the remedies that were used to give relief. I think this fact ought to be taken into consideration. Personally, I would very much prefer that a competent man should open my abdomen, and look into and re-

move anything he found that was making trouble, than to depend upon the action of remedies that cannot be prescribed with certainty because of doubt as to the conditions existing there.

DISCUSSION:

Dr. Hufnail: The doctor arouses my suspicion, and I would like to have it allayed. The cases he reports, unless I misunderstand, have had previous surgical interference. Now, do I understand these cases have been operated by some other surgeon? I do not want to get the wrong idea. Because, if they have, somebody is doing bad surgery in that section of the country. And if it is from a medical standpoint, it seems to me that the physicians treating them did not get the patients in time. I would like the doctor to clear my mind on these two points. I am very fast to go into the abdomen, and I suppose most people are who practice surgery, because when we get these patients in this condition we usually find trouble. But I do not understand how opening the abdomen causes ileus of such a serious character.

Dr. B. K. Jones: I am glad the doctor brought up this message. These are the kind of cases that make us sweat blood. The one great difficulty is to impress the patient with the seriousness of their condition, and to induce them to consent to surgical interference in time. The one great mistake that is made is in attempting to relieve pain by opiates. You mask your symptoms, and the first thing you know the patient is ready for autopsy and you are very much surprised. Whenever we get consent in time for operation, then our troubles are over. But they procrastinate, and are afraid of an operation. We should impress upon them that the danger is not in the operation, but in delay. Sometimes we find these obstructions are post-operative, but a good many times they are not. About seven weeks ago I was called to see a little fellow about twelve years of age. He had been passing papers, and came home with cramping pains. The mother said he was accustomed to eating at all times, and almost anything he fancied, and I thought at first it was gas pains that preceded colic, so I cleaned out the alimentary canal with enemas and oil, above and below, but he did not get relief, and finally I was able to locate the exact point of the obstruction. I told the parents he must be operated upon, and at once—within an hour. The parents wanted to wait until morning, but I said it must be at once, so they consented, and we found one of those long, fibrous bands that Dr. Wilmeth described, and the ileum had crept around under it and obstructed it entirely, and we found besides that the diverticulum extended out about six or seven inches. The intestine showed very marked disturbance, and we were just in time to save the boy.

Sometimes the parents are reluctant; they think of so many operative cases that have proven fatal, but they should be impressed with the fact that the operation is not fatal, but the delay. They should be instructed upon that point—that circulation, cut off for a certain length of time, is sure to terminate in death.

Dr. Hufnail: What was the condition of the cecum when you operated?

Dr. Jones: The appendix had nothing to do with it. There was no inflammation.

Dr. L. E. Russell: I want to congratulate Dr. Wilmeth on his presentation of this subject. Lane was perhaps the first of the surgical men to describe this condition of adhesion of the colon. He explained it so well that the condition was given the name of "Lane's kink of the intestine." I have seen Professor Lane operate, and know of his ability, which is good.

I have had experience with enteroliths of the intestinal tract due to gall-stones. Gall-stones the size of those represented in the X-ray never get down into the intestines. I have had them taken out where they were as large as oranges, and when I came to examine them I found a little bit of a gall-stone the size of a bullet, but wrapped around. I have found senna leaves that were given the patient to chew, and pieces of skin of various fruits, some figs, and in one or two cases I have found plum stones as a beginning.

I had a case about twenty-five years ago that was to have been operated on for fibroid, but when we cut in we found, in the place where we would expect to have found the condition as the doctor indicates, a mass as large as an orange, that we could not get out except to make a section of the intestine. We split the intestine and peeled it off. I did not know what to call the specimen, but at a meeting shortly after, in St. Louis, one of the surgeons brought in a gastrolith—the same thing.

There is a lot to be said in regard to intestinal surgery, and the important thing is to get them in time. The surgeons say that sometimes we keep them back. Do not do that. That is an awful blow to the family physician.

Section of the intestine is very easily taken care of. If you cannot get around a big section, do a detachment of the intestine—short-circuit it, just like the electrician short-circuits a wire.

Dr. Wilmeth (closing): I think I mentioned the fact that these cuts merely represent some of the types. There are many other types of obstruction than these.

As to these all being post-operative, they are probably post-operative with the exception of the schematic drawings of the intussussception that is shown as being near the cecum. This is the most frequent site of this form of mechanical lesion.

As to the blow to the family physician, I do not wish to be regarded as criticising the doctors who refer these cases to us. I certainly would not be guilty of anything of that cahracter; but all who have had experience in this work have had the experience of being called too late. That was my reason for bringing these cuts here—the fact that there are physicians that do not understand the necessity in many instances of immediate operative work. I think if there is anything a surgeon or consultant should

be free from, it is an act or word that would in any way be detrimental to the confidence a family have in their physician.

SPURIOUS DRUGS.

John Uri Lloyd, Phar. M., Cincinnati, Ohio.

The manufacturer of medicines is continuously confronted with problems such as are embraced within the above title, problems that are exceedingly annoying, and the more so because they are usually unnecessary. Spurious drugs are not always, perhaps not often, substituted by design, for commercial profit. They may be thrown upon the market in large quantities through the ignorance of the collectors, and distributed in good faith by the commercial handler, who accepts in confidence the collector's stock of crude material. In some instances, the collecting of a spurious drug is fully as expensive to all concerned as though the true drug were furnished, indeed to the legitimate dealer it offers no profit over the genuine.

May I not presume to ask a more charitable view of this problem than that which generally prevails? Physicians, and even dispensing pharmacists, can scarcely appreciate the perplexities that come to dealers in crude drugs, to jobbers, and to manufacturing pharmacists, especially those whose business is conducted on a large scale. These problems are extremely annoying to one and all, and it may be said without fear of dispute that every commercial dealer in crude drugs, and every manufacturing pharmacist would not only experience a grateful relief could he know that every article purchased was exactly as labeled, but he would gladly pay an additional price for such a guarantee of exactness. Indeed, it goes without a question in my mind, that the losses now so frequently incurred through the necessary destroying of misnamed substitutes, and the time consumed in sorting and culling out admixtures, which has always been a necessity with purchasers of commercial drugs, more than counterbalances the increased cost of an educational effort that would come with better methods of collecting medicinal drugs.

Inasmuch as my sphere of pharmaceutical activity has been partly in the direction of the American materia medica, both crude and manufactured, I feel that a few comments concerning some of our perplexities may not be out of place. And as these can best be illustrated by specific examples, let us consider some of the drugs concerning which we find much confusion in the commercial drug market.

Chionanthus.—Up to 1904, this much employed drug had never, under my observation, been contaminated by a sophistication, as is indicated by a Drug Treatise on Chionanthus, issued in that year, to which I contributed as follows:

"*Part Used.*—The inner bark of the root. Chionanthus stands somewhat conspicuous, in that the commercial drug is always true to name, no sophisticant or substitute, to our knowledge, being found on the market."

At the present time, this statement is erroneous. A few years ago, gatherers began to confound with chionanthus the bark of a tree or shrub, as yet unidentified, that somewhat resembles chionanthus, but is lacking in the sensible qualities of the true drug. The spurious bark, as first noticed, was coarser and in larger slabs than chionanthus, but it has recently been found nearer in size, as well as thickness, to the true drug, with which it has been mixed by the collector, through either ignorance or intent. This necessitates the culling of the commercial article by a drug miller and his assistants, a process that is rather tedious, and naturally expensive. Recently appeared an offering, under the name chionanthus, of 1,500 pounds of a bark that was mainly a sophistication. It carried, however, a small amount of chionanthus, five parts chionanthus in thirty-five parts. The presence of true chionanthus indicated either that the spurious drug grew in a chionanthus section, or that it had been subsequently, and intentionally, mixed with a small amount of the true bark. This latter I am loath to accept, because in my opinion, no American handler of crude drugs would tolerate an intentional admixture in his own establishment. The probabilities are, that the drug collector in the woods and hills either mistook the tree from which he culled most of the bark, or that he employed parties indifferent to their trust.

The Viburnums.—Pass now to the viburnums. The use of viburnum opulus, *"Cramp Bark,"* dates back to domestic medicine in the past century, its most conspicuous therapeutic introduction, perhaps, being in *The Botanic Physician,* 1844, a work of 310 pages by Dr. Elisha Smith, to which Dr. John King often referred in the first edition of his dispensatory, 1852. At that time, and for many years afterward, viburnum opulus was employed in but small amounts outside the Eclectic school in medicine. There was consequently no difficulty in obtaining, true to name, the moderate amount necessary to supply the demand for the drug. Came next a commercial demand for "viburnum," instigated by proprietary preparations. Viburnum opulus was then the only drug recognized under the name "Cramp Bark" (see the old American domestic remedy publications), and this demand for "viburnum" was abruptly stimulated. Viburnum opulus not being commercially very abundant, the drug practically disappeared from the market, the possible supply being insignificant in proportion to the amount required in commerce. It was then inexplicably replaced, under the name "Cramp Bark" (which name originally applied to viburnum opulus, only), by the bark of *acer spicatum,* or Mountain Maple, to which, so far as I know, the name "Cramp Bark" had not previously been applied. This substitution was brought conspicuously before the country by Oliver A. Farwell, Curator of the Herbarium of Parke, Davis & Company, Detroit (*Bulletin of Pharmacy,* pp. 68-70, December, 1913), in an exemplary study that should be read in the original, by all concerned in collecting or purchasing crude drugs. In this connection we might emphasize the fact that true "Cramp

Bark" is unquestionably viburnum opulus, but undoubtedly the bark of acer spicatum has long been about the only "Cramp Bark" on the general market.

As an historical record it may be added that the early Eclectics used, under the names "Cramp Bark" and "High Cranberry," the bark of viburnum opulus only, a shrub native to the East, and well known to them. Strangely enough, however, this drug is not mentioned in Samuel Thomson's *Narrative and Guide,* although it was freely employed by his followers. The demand for the true cramp bark is as yet unsatisfied, and even at exorbitant prices it is difficult to obtain, as has been noted by physicians whose orders for pharmaceutical preparations of the drug must often be left unfilled.

Viburnum Prunifolium. Black Haw.—Let me now call attention to the fact that of the viburnums, not alone is the variety *viburnum opulus* open to suspicion, but also *viburnum prunifolium.* In my opinion, the bark of different species of *crataegus,* and perhaps of trees even further separated from viburnum prunifolium, are likely to be distributed under this latter name. A person familiar with the different species can readily distinguish true *black haw* by the taste, which, more or less bitter, is not to be confused with the insipid crataegus.* The rational way to obtain these barks, true to name, is not that of becoming a professional scold, but to educate collectors to distinguish between the varieties and to pay sufficient to warrant care and exactness. The confusion now prevalent is perhaps not to be wondered at, for the common term, *haw,* leads the thought of the ordinary root digger not only to *black haw,* but also to the common haw, known botanically as crataegus, of which there are innumerable American species and varieties. Indeed, a purchaser of "black haw," might, in my opinion, reject as spurious black haw, any drug offered only under the simple name *"haw."* The opportunity for confusion becomes the greater in this case, inasmuch as the barks of such shrubs and trees as the haw are likely to be gathered in the winter, and as crataegus and viburnum prunifolium ordinarily grow in the same woodland and thickets, and even in the same wood pastures (the former being the more abundant), it is perhaps to be expected that the collector, who employs his spare time in the winter in gathering the barks of such as these, might utilize all convenient species and varieties of *haw,* without attempting to discriminate between them. So far as I know, although the barks are different to the taste, there is no satisfactory method, on a commercial scale, of *practically* separating the barks of the black haw and the ordinary *"haw,"* after they are mixed, and in my opinion the subject of the authenticity of com-

* That other bitter barks are sold as "black haw," I have reason to believe from a specimen now before me. That crataegus is also frequently found masquerading as black haw, is shown by an offering now before me, of a large lot that is altogether "red haw." A sample of still another specimen of commercial "black haw" is now before me, of a tree or shrub with which I am not acquainted.

mercial black haw bark is well worthy of investigation. It is to be regretted that Professor Sayre (*Am. Jour. Pharm.*, 1895, p. 387), did not add crataegus to his study of the viburnums. This might well be the subject of a coming investigation by either Dr. Farwell or Professor Sayre. The Kentucky and Ohio woodlands adjacent to Cincinnati carry both, black haw and crataegus, and with both these shrubs I have been, from boyhood, familiar, and believe I speak advisedly in this direction.

Corydalis. Turkey Corn.—Pass now to turkey corn, which the *American Dispensatory* defines as "The tubers of *dicentra canadensis,* De Candolle, or *corydalis formosa,* Pursh." For many decades physicians of the Eclectic school have prescribed preparations of this drug. Another plant, however, *dicentra cucullaria,* produces somewhat similar tubers, and blossoming about the same time in the early spring, is also known as turkey corn, or turkey pea, a term that properly covers both plants. In my opinion both are gathered indiscriminately, although the *American Dispensatory* attempts to differentiate between them, and warns that:

"*Dicentra (corydalis) canadensis* must be distinguished from *dicentra (corydalis) cucullaria,* which flowers at the same time, and very much resembles it."

Under the name "*corydalis*" the Eclectic school of medicine has aimed to include only *corydalis formosa,* but it is questionable whether this object is always attained, and I would much like to see the commercial supply freed from suspicion.

Epilobium.—Two species of epilobium, known also as "willow herb," are recognized in medicine, *epilobium angustifolium,* Linné, and *epilobium palustre,* Linné, no therapeutic distinction being made between these varieties. The common name, "willow herb," however, leads the mind of one uninformed to the true willow, as illustrated by the following incident. Some years ago, a shipment of one thousand pounds, more or less, was delivered to the establishment that takes my care, under the label, "willow herb." This shipment consisted wholly of the leaves and small twigs of the ordinary salix nigra, which had unquestionably been gathered in good faith by the collector, who misled by the name *willow,* had lost his opportunity so far as epilobium was concerned.

Hydrastis.—Twenty years ago, hydrastis canadensis, or golden seal, was scarcely more expensive than other woodland plants growing in its neighborhood. But even then, when there was no commercial price distinction, carelessness in gathering resulted in more or less admixture of serpentaria, cypripedium, senega, collinsonia, jeffersonia (twin leaf), and even caulophyllum (blue cohosh), which rendered necessary a systematic garbling of the root diggers' supplies. Gradually, however, the price of hydrastis increased much beyond that of its neighbors, with a consequent incentive for intentional sophistication. Unfair collectors began to mix with hydrastis, caulophyllum, or blue cohosh, which, as a native neighbor, though much larger and bushier, most nearly resembles hydrastis as con-

cerns its root and fibers. In order that the admixture might not be so apparent, the bushy roots of blue cohosh were even chopped into fragments. In some instances I have known of the fibres only, being utilized, and mixed with hydrastis. Twin leaf was also thus employed. This latter, being a purely commercial adulterant, is a peculiarly annoying sophisticant, inasmuch as when fibers only are employed, the admixture is perplexingly intimate, although the qualities of twin-leaf and hydrastis are exceedingly different.

In our Cincinnati section, another drug has sometimes been mixed with hydrastis, but not with any intent of intentional sophistication, the admixture being perhaps excusable with an uneducated or indifferent root digger, by reason of its common name, "yellow root." This drug, *stylophorum diphyllum,* American poppy, or yellow poppy, blossoms in the early spring, as does hydrastis, and like hydrastis, is possessed of a bright yellow juice. Its root, however, is much heavier and larger than that of hydrastis, or golden seal. I recall one lot of one hundred pounds brought to me personally by a root digger near Cincinnati, as a very fine article of what he called *"large golden seal,"* exhibiting it to me with pride. This drug was altogether a sophisticant, for not one rhizome of hydrastis was present, and yet it proved of exceeding interest, for aside from the natural blunder of the digger, it made possible what was, so far as I know, the first record of the chemical examination of stylophorum, which is figured and described in *Drugs and Medicines of North America,* 1884, pages 94, 95. It may be added that Professor Schlotterbeck, of the University of Michigan, afterward took much interest in the alkaloidal content of this drug.

Trillium.—Even more perplexing to the user of natural American drug products are the trilliums. Although in the *American Dispensatory* the preferable species is given as *trillium erectum,* L., collectors apparently make no distinction whatever between the different species of trillium, nor, in my opinion, have they any reason so to do. The native species are all brought to market under the name most prevalent, *bethroot,* and consequently, in medicine, "bethroot" has from all time been established by the use of all the native species convenient to collectors, and in medicinal qualities they so closely resemble each other as to be identical.

White Snakeroot.—Perhaps a more exasperating problem, certainly a more perplexing one, is presented by the rather rare drug known as *white snakeroot.* This, according to authorities, and accepted even by the *American Dispensatory,* is the root of *eupatorium aramaticum,* L. The more common variety, however, is *eupatorium ageratoides,* and in my opinion this species has furnished the major portion of the white snakeroot of commerce. It is not unlikely that the two species have like qualities, and yet this fact should be established, and if proven, both varieties, as with the aforesaid epilobiums, should be authorized. A study of the structural distinctions is desirable. In this connection it may be remarked that Professor

E. L. Moseley, of Sandusky, and Dr. E. W. Brooks, of Beecher City, Ill., have recently made this plant responsible for the mysterious and long-studied ailment, "milk sickness." To the minute portions of aluminum salt contained in the drug, Professor Moseley ascribes its untoward energies, while it is of interest to note that he has recorded that ordinary baking soda or bicarbonate of potassium may be employed as an antidote.*

The Cohoshes.—Audacious would be the dealer in American crude drugs, who would attempt, by their roots, to distinguish between *cimicifuga racemosa* (black cohosh) and *cimicifuga americana.* The rarity, however, of the latter plant, were there any therapeutic distinction between the varieties, would prevent admixture to any material degree. In *Drugs and Medicines of North America,* 1885, Mr. C. G. Lloyd wrote as follows:

"In the entire list of native plants we do not know of any other two evidently distinct species that bear so close a resemblance to each other as cimicifuga americana and cimicifuga racemosa. No one but a close-observing botanist would ever suspect that they were different plants, and botanists can tell them apart only when in fruit. Trying to obtain the rhizome of cimicifuga americana for comparison, we corresponded with quite a number of botanists who at first thought they knew the plant, but afterwards found that they had mistaken for it the cimicifuga racemosa, and in one instance a quantity of the rhizome of cimicifuga racemosa was expressed us for it. Our rhizomes of the plant were obtained through the kindness of J. Donnell Smith, of Baltimore, than whom there is no more careful botanist nor acute observer. Although he is perfectly familiar with both species, he was compelled to wait until the gynoecium had formed in the bud before he could distinguish the cimicifuga americana from the other."

Concerning the white and red cohosh, *actaea alba,* Bigelow, and *actaea spicata,* Linné, variety *rubra,* Aiton, Mr. C. G. Lloyd wrote as follows:

"As the actaea alba and the actaea spicata, variety rubra (which are the only forms found over the States east of the Mississippi) bear such a close resemblance that they can hardly be distinguished except when in fruit, we will give a general description that will apply to both."

It would be useless to attempt to teach ordinary drug collectors the botanical distinctions that would enable them to gather each of these drugs true to name, and it may be accepted that no attempt at separation is made by the collectors.

Helonias.—Many complications and misunderstandings have confounded Helonias (chamaelirium) with aletris. Indeed (C. G. Lloyd), Strong's *American Flora* figures the top of Aletris with the rhizome of Helonias. The common name of these two quite dissimilar plants, both as concerns their roots and their tops, is partly responsible for this confusion, the term *"star grass"* having been applied to both of them, and the terms *"unicorn"* and *"false unicorn"* being likewise employed for both. In

* See Monographs by Professor E. L. Moseley, "The Cause of Trembles and Milk Sickness," Medical Record, May 15, 1909, and "Antidote for Aluminum Phosphate, the Poison that Causes Milk Sickness," Medical Record, April 9, 1910.

our opinion, as stated in the study made for the *American Dispensatory,* 1881, the term "star grass" applies properly and rationally to aletris, the sharpened leaves of which rise upward from the stem base, encircling the stem, reminding one somewhat of a star. In like manner the term "unicorn," meaning "a single horn," or a horn, applies to a large portion of the curved helonias roots. The roots of helonias and aletris are otherwise utterly dissimilar, aletris being surrounded with fuzzy, wire-like rootlets, and covered with a dandruff-like chaff, whereas helonias, excepting the sparse rootlets, is bare and ridged. Notwithstanding these prominent distinctions, purchasers of star root or star grass are, without any attempt at deception, likely to obtain helonias, and purchasers of helonias or unicorn root are just as likely to obtain star grass. Any attempt at a study of these drugs, if their commercial names be accepted as authority, is, in my opinion, as pronouncedly time wasted, as is true of the commercial apocynums. The changing of the official name of helonias to *chamaelirium* has not as yet overcome the aforenamed confusion, indeed the term *chamaelirium* has not been accepted in commercial directions. In the first volume of the *American Dispensatory* I endeavored to differentiate between these two drugs, presenting illustrations of both the tops and the roots.

Apocynum.—Not less uncertain as a commercial drug are the roots sold under the name *apocynum.* So far as the drug supplied from the Middle West is concerned, at least in the Cincinnati section, *apocynum androsaemifolium* is commercially absent, the only species abundant in our neighborhood being *apocynum cannabinum.* It is questionable, however, whether there be any therapeutic distinctions between either these species or the many other varieties. So far as I know, they are all very bitter, very cathartic, and in overdoses, emetic. In my opinion (providing there be any apocynum androsaemifolium gathered anywhere), scientific investigations made with these drugs, if the general American market be depended upon for the supply, is as likely to be from the one species as the other, regardless of the label. In this connection it may be stated that the eminent botanical authority, Professor Rusby, has given the apocynums more or less care and attention, and it is to be hoped that when his labors are completed, he will have been able to render it impossible for further confusion to exist in the commercial world.

Summary.—This rather disjointed contribution is presented, not with the thought that it carries much that is new to either manufacturers or purchasers of crude drugs, or that it more than superficially touches the problem. The examples presented could be multiplied to a burdensome extent, but sufficient have been given to indicate the importance of the purification of the crude drug market.

An experience of several decades with American crude drugs, enables me, perhaps, to present some points of view that will be suggestively useful. In this connection I wish to record that I am not a professional botanist, but

am speaking only as one concerned in the perplexities of pharmaceutical processes and necessities. Possibly I may be excused for adding that time and experience have led me to views that, in days gone by, would not have been attainable.

For example, I have long since ceased to accept that such exasperating complications as those aforenamed are, as a rule, due to intentional fraud on the part of either collector or dealer. But even where this cause unfortunately exists, the blame, I now believe, rests mainly on commercial competition, often under the execrable motto, "Just as good, and cheaper," joined with the fact that the ultimate consumer of drugs has not been taught the necessity of drug purity, or the harmful consequences of substitution in pharmaceutical preparations that seemingly can be made *cheaper,* for the *consumer's benefit.*

This cheapening of pharmaceutical preparations by the use of inferior crude materials, costing often less than they should cost, is, in my opinion, to be much lamented. Physicians led by a seeming favor in price, are often *misled,* to their own and their patients' distress. Apothecaries also should be properly instructed as concerns the expense of gathering and curing drugs, and of the necessity of separating with exactness different species and varieties, that frequently shade into each other bewilderingly, as do the viburnums and the different species of crataegus, also the grindelias, trilliums, etc. The collector unquestionably should receive the price due him for exactness of manipulation, as should also the dealer in crude drugs, on whose care so many must rely for commercial supplies. A standard of *cheapness,* only, presents little incentive for care or exactness, on the part of either collector or dealer. "We must educate, we must educate," applies now as in days gone by, and, in my opinion, education of the one at the *beginning* of the line, *the drug gatherer,* is of first importance. Physicians and pharmacists must be shown that to cheapen a drug, be it crude or manufactured, beyond a bare bread-and-butter living point, is to destroy its value, through the introduction of worthless substitutes or inferior products at a lower price. The *best* in medicine is not too good for the use of the physician, who must depend upon his remedial agents, to ensure his success, especially in the treatment of critical cases where failure in applying the needed touch, may mean the loss of the patient.

It seems, therefore, to me now, to be apparent that the first step in our attempt to purify the American drug market, is the better education of the drug *collector,* which can only be accomplished by a proper remuneration for his efforts. As a rule he is not a botanist, but he is yet perfectly familiar with the prominent distinctions that enable him to separate, let us say, the "turkey-pea" plants. In my opinion, few collectors have ever been properly instructed as to the *necessity* of such differentiations, or encouraged by proper financial return, to be exact and careful. Am I right in this? Let us see. According to Sargent, *Trees of North America,* there

are 137 varieties of crataegus alone, not to mention 15 species of the North American viburnums. Sargent even states that, to botanists, "the genus (of crataegus) is still very imperfectly known in North America." It goes without saying, then, that the delicate shading that a botanist might make in these varieties are impossible to a drug collector, but yet every collector of drugs fully comprehends the difference between the ordinary *red haw* tree and the *black haw* tree, and if he be made to comprehend the necessity for care in differentiation, and be paid enough to warrant him in collecting the barks at a season of the year when the leaves and berries on the tree will to him distinguish the tree, there is but little question that he will gladly take the trouble to make his collection true to name. After such barks have been gathered, and perhaps thoroughly mixed before coming to the drug miller, the problem of authenticity becomes exceedingly difficult. Even though, to the taste, the dried barks are to one experienced quite unlike, where a ton of the mixture is concerned, it is not practicable to separate varieties by tasting or otherwise inspecting each sliver of bark. Nor is a microscopic examination of each piece feasible, where a large mixed shipment is in question. Here, as in other instances, the "ounce of prevention" is worth many pounds of cure. Educate the gatherer of drugs, pay him for his care, and the problem of the drug dealer will be lessened, not to speak of the drug miller, upon whom falls all the various perplexities I have named, and upon whom, regardless of his care, falls the blame for the shortcomings due to the neglect, intent or ignorance of others.

May I not then be permitted to suggest that the fixing and exposing of sophistications and admixtures in crude drugs, is but the discovering of muddy water below the dam. To purify the stream, the *fountain head* must be cleared.

To Sum Up.—The crude drug market presents, as concerns some American products, a deplorable uncertainty, that can be overcome only by properly educating collectors as regards care in crude drug collection, and, by a fair profit, encouraging crude drug dealers to exert specific attention to such effort. Experts, like Professors Rusby, Henry Kraemer and Dr. Puckner are doing a world of good, and in my opinion, could such an arrangement be consummated, no greater service could be done pharmacy, than to make the salary sufficient, the time assured, assistants furnished them, with the power to act. Such a systematic course as this, together with the magnificent efforts now being made in drug culture by the National Department of Agriculture, the various State Boards, and the painstaking department of the Council of Chemistry, American Medical Association, would surely purify our American crude drug market.

But do not forget that even men like these need the help of the dealer, who in turn needs the help of collectors, and all alike, need the encouragement of consumers willing to pay a living wage to those who are worthy.

CHOREA.

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Chorea Minor; Sydenham's Chorea; St. Vitus Dance.

This is the form of chorea most commonly met with by the general practitioner, and will alone be considered in this short paper. It is a disease of childhood, and most frequently encountered between the ages of five and fifteen. Girls suffer from it more frequently than boys in about the proportion of two to one. It is more frequent in the winter and spring, particularly in March and April, and less frequent in the fall months of October and November. Some writers maintain that it is most prevalent among children above the average in intelligence, particularly those who are mentally energetic, or predisposed to nervousness. It is probably true that a nervous temperament is essential as a basis for its development.

Heredity is undoubtedly the prime factor in its etiology. It is not necessary that the parents be, or have ever been, subject to the disorder, but a careful inquiry will generally show that somewhere in the direct hereditary line there has been enough disorder of a nervous nature to make it entirely probable that the child might inherit a nervous temperament, or a predisposition to nervous disorders. Upon this basis of nervous predisposition such causes as anemia, overwork, worry or over-application to school studies, music lessons, or other tasks, the choreic disorder easily develops. Fright and fear are often given as causes; mental agitation of any character also favors its development. The peculiar antics and grimaces of the child attract the attention of its playmates, and call forth ridicule and teasing, which always aggravates the disorder.

The causes of chorea may be divided into two classes, which may be termed elemental and developmental. The elemental causes are, first, a nervous temperament; and second, the germ of infection. It becomes more and more apparent that chorea is an infectious disease. The germ of infection has not, as yet, been isolated, nor indeed are we *sure* of its existence, but investigations and research have all tended to show that such is the nature of the real cause. The development causes are: Anemia, or a poor state of the general health, upon which is imposed over-work, over-study, worry, fright, fear, mental agitation, or other disturbing factors, which may distress the mind and disturb the nervous system.

The early symptoms of chorea are mild and often for weeks attract little or no attention from the parents or family. The symptoms may be divided into two classes, mental and physical.

The mental symptoms are peevishness and irritability with mental dullness, or at least mental inaptitude for lessons or tasks. The child does not do well at school, is unable to get his lessons, is often accused of inattention and obstinacy, is frequently punished for failure in his classes, or at least scolded and thereby made more nervous and disturbed. At home the peevishness and perverseness of the child call for parental notice

and correction. Not many weeks will elapse, however, until it becomes evident that the child is sick, and, the physical symptoms becoming well-developed, the nature of the malady is recognized.

The physical symptoms are, at first, slight twitching of the face, lips or eyelids, a shrugging of the shoulders with slight jerky motion of the fingers or hands, a disposition to drop a pencil, knife or other instrument, unintentionally, a slight staggering or uncertainty of gait. These symptoms increase in a few days to the more exaggerated movements. There is pronounced uncertainty of gait, which becomes staggering and irregular, the squinting and grimacing of the facial muscles become fully developed, the muscles of the tongue are, at times, uncontrolled to such an extent that deglutition is difficult, or even impossible. Upon request for the patient to put out the tongue, it is protruded in a jerky, nervous manner and often quickly withdrawn and the teeth snapped together by the spasmodic action of the muscles. The shrugging of the shoulders, the jerking arrhythmical motions of the hands and arms, purposeless and incoördinate muscular contractions, which are ordinarily beyond the control of the patient, characterize the well-developed state of the ordinary case of chorea.

A careful physical examination will show that there is a considerable loss of muscular tone or strength; the patient can not grasp the hand firmly or maintain a strong pressure. While the muscles do not become shrunken, there is a distinct softening. The pulse becomes somewhat increased, and, in some cases, this symptom is quite pronounced. Auscultation will reveal heart murmurs. In the majority of cases these murmurs are hemic, though not a few patients will be found to be suffering from a mild endocarditis. Respiration is likely to be interfered with only to a mild extent. The kidneys are usually found deficient in action and the urine loaded with phosphates. Digestion and assimilation are disordered to a greater or less extent, as is evidenced by the poorly nourished condition of the child.

It seems quite evident that there is some analogy between chorea and acute rheumatism. Their action upon the heart is similar, and post-mortem examinations show that structural changes of the heart walls produced by chorea are similar to those produced by rheumatism. Many cases of chorea are found in rheumatic subjects, or attacks of chorea are followed by rheumatism.

While most of the patients suffering from chorea do not become sufficiently disabled to be put to bed, there is a respectable percentage in whom the physical symptoms will be so strongly pronounced that the patient must not only be kept in bed but be protected against injury, by mattresses or cushions, lest the restless tossing, twitching and jerking of the more exaggerated motions produce serious injury. Various skin eruptions, as herpes, various forms of purpura or erythema, are sometimes observed and make a very unpleasant complication of the disorder.

The treatment of chorea will be both medical and environmental. When we consider the mental condition of the child suffering from chorea, it

becomes evident that association with rough or boisterous playmates, or with children who will tease and torment the child on account of the ludicrousness of its actions, can not be otherwise than harmful; then, too, if the child is encouraged or permitted to indulge in too much activity the physical symptoms are increased. The environment, then, must be that of quiet, with freedom from annoyance or mental worry of any kind; freedom from tasks or work or lessons of any description, with much restricted physical activity and with every opportunity for cultivating the quiet, contented condition of mind.

This environmental feature of the treatment I consider most important, as, upon all diseases of childhood, the state of mental irritation or unrest produces a most profound effect, and as it has been shown that the state of mental worry, fear, overstudy or overwork has much to do with the development of the disorder, it is necessary that in order to effect a cure these conditions must be entirely changed; indeed, I believe that mild cases may sometimes be cured by this alone. It is not well, however, to trust to this means of treatment alone, lest we find that we have underestimated the seriousness of the attack and thus allow what might have been a mild case to become a serious one.

The medical treatment of chorea will resolve itself into the administration of remedies for the relief of general conditions of health and for the control of the nervous disturbance. The disorders of digestion, as well as wrongs of a general character, will be met by the indicated remedies and be relieved as in other diseases. For the muscular twitchings and peculiar manifestations of physical disturbance, there are a few remedies that have been found especially useful, and their administration, if followed faithfully and persistently, will usually give most satisfactory results. Fowler's solution of arsenic in gradually increasing doses is probably more generally given in the treatment of chorea than any other single remedy. Some writers claim that it is almost a specific for the trouble, while others state that they find it only occasionally useful. I have found it useful in cases showing considerable anemia, with muscular debility and not much mental disturbance. Its effect should be carefully watched, since, if it produces no good results, it is likely to prove harmful.

Gelsemium is a valuable remedy and will give good results in cases showing considerable mental excitement with restlessness and with active physical symptoms.

Macrotys seems useful in nearly all cases. It seems to relieve that slight sense of soreness, of which many patients complain, and to diminish in some measure the muscular jerkings and contractions. Its real action is probably to relieve nerve irritation.

I have found conium useful in the treatment of such cases of chorea as are characterized by the activity of the physical symptoms. It seems to act as a direct sedative on the motor centers, and thus proves a valuable remedy for the motor disturbances.

Cannabis indica, hyoscyamus and passiflora are remedies of value in cases showing considerable of the mental disturbance. Cannabis indica is particularly applicable in cases of mental irritability and peevishness. Hyoscyamus and passiflora will be more useful for patients suffering from sleeplessness. Patients suffering from severe insomnia will be much relieved by moderate doses of veronal; this not only secures the patient a reasonable amount of sleep, but produces a generally beneficial effect upon the nervous state.

The duration of an attack of chorea is quite variable. Some cases will terminate in five or six weeks, but the general average of duration is probably ten weeks. The prognosis is nearly always good. The patient who has suffered from an attack of chorea is quite liable to suffer from a recurrence of the trouble inside of the year following the initial attack. This liability to recurrence diminishes with time. Girls who have suffered from chorea in childhood are more likely to suffer from the chorea of pregnancy in womanhood.

It may be said of the chorea of childhood, as well as of pregnancy, that with proper treatment and under proper conditions, the prognosis is nearly always good. Let the patient be isolated, at least from disturbing influences or from annoyances and worries; let all tasks and lessons be laid aside, and all scolding or faultfinding carefully avoided and the child be restricted only from too much physical activity, but allowed to employ its mind and time pleasantly and quietly; let such remedies as have been mentioned be given according to their proper indications and with due care for the general condition of the child. After a few weeks under such treatment there will come about a gradual subsidence of both mental and physical disturbances, and the child will enter upon a more or less prolonged period of convalescence. The physician should not lose sight of his patient too soon. The child should be carefully watched and the parents be made to understand that complete recovery is slow, but that it is most important for the future well-being of the child that they persist in a good upbuilding treatment until its health is firmly established.

DISCUSSION.

DR. SHERMAN: The doctor has given us a good paper, and he mentioned a remedy that I have used and found admirable—gelsemium and macrotys. Take a child, eight or ten years old, with a nervous twitching and restlessness, and take a dram of macrotys and a dram of gelsemium, water, four ounces, a teaspoonful three times a day, and you will likely control it in from four to six weeks. I have used it with very happy results in many cases.

DR. DANIELS: I understood the essayist to say it is not common, or perhaps not seen in grown people. I take exception to this because two years ago I had a case—he was a heavy-set fellow, in good health, would weigh 170 to 180 pounds, about thirty years old, and he had a typical case of chorea. He had doctored in Minneapolis and St. Paul, and I felt very much discouraged in trying to do anything with the case, but I gave him

a six ounce bottle—three drams macrotys, a dram of gelsemium, and four drams of passiflora, and inside of a month he was back at work.

Dr. Mundy: One of the worst features I find in chorea is the tendency to relapses. Fowler's solution has been a remedy for chorea from time immemorial, and in looking up the history of its treatment I ran across an old book on the treatment of disease, published in 1835, "Atkins' Practice," in that I find Fowler's solution and macrotys as the remedy for chorea. I find in the treatment of chorea that rest and quiet are very important influences. We are taught to believe that when these children sleep the paroxysms cease, and, if that be true, it seems to me that the essential thing in the treatment of chorea is quiet.

Dr. Richard Lambert: I agree with Dr. Mundy in regard to the treatment of chorea—rest and quiet, and add to that plenty of fresh air and change of environment. I give very little medicine in the treatment of chorea. I take the children out of school, place them where they will have absolute rest and quiet, change their surroundings and give them plenty of fresh air and sunshine, and then let them alone.

Dr. Ida F. Kittredge: I have treated a few cases of chorea, and I have not found anything that gave me as good results as Daniels' concentrated extract of passiflora. I have had cases that would have to be held in bed by members of the family, and after exhausting everything else I got good results from this remedy.

Dr. Kinnett: We certainly have listened to a very fine paper, and the doctor has covered the subject thoroughly, but I want to speak of a treatment that has not been mentioned—and that is orificial surgery. I have had a great many cases that I have cured without any medicine in two weeks. I have never seen a case of chorea that did not need orificial surgery. I have found some cases where they would not allow me to do it, but I have never found a case that did not need it. I had one case that was very severe; the girl had been treated with macrotys and gelsemium and other remedies for two or three years. After she was operated upon, in forty-eight hours she was as calm as anyone. I simply unhooded the clitoris, dilated the rectum and took out some small papilla, and in two weeks after that she was as well as anybody. I could probably recite twenty-five or thirty cases that I have treated with the same results.

Dr. Hufnail: I just want to corroborate what Dr. Kinnett has said about orificial surgery in these cases. I have had the same experience as the doctor, and now, if they will not let me do this surgery, I dismiss the case.

Dr. Carriker: I corroborate this statement. Chorea is a reflex condition which comes from irritation of the sex organs. I unhood the clitoris, look after any growths or papilla, and dilate the sphincter ani.

Dr. Adlerman: I can not criticize the paper very much, but as I listened to it, it came to my mind that there are certain months in the year when chorea is more prevalent. It is more prevalent in the months when we have electrical storms. This fact is well established.

Now, in regard to Fowler's solution, sometimes it will fail to produce results, but there is another drug you can give, and that is œnanthe crocata, in very small doses. Of course, you have to have rest and quiet; you have to find out about the reflex conditions, whether it pertains to rectum, clitoris, or any other organ of the body. It has been my impression that chorea was attended with some heart disturbance, and you know veronal is not safe to give in some heart conditions. There is a similar drug you can give under any conditions and that is trional.

Dr. Wilmeth: I have not had a great deal of experience with chorea, but in those cases which I have met I have sometimes found that there was a central lesion that, in my opinion, was the basic lesion, and when I was successful in locating the etiologic factor and relieving that, I was successful in relieving the chorea. I think the heart is involved, in a measure, in all these cases of chorea. There has been considerable talk of the various remedies that have been used with more or less success, and, that being the case, it seems to me these various things did not have the same therapeutic effect. There is no question but what any remedy that will overcome the irritability of the nervous system will be successful, but it seems to me we ought to study this in a broader way than to expect just one remedy to be applicable to the different cases. One gentleman spoke of orificial surgery. I have had some experience with that, too.

Dr. Postle (closing): The question of the age of the patient. It is not maintained that chorea is an impossible thing in any but children, but true Sydenham's does not develop after fifteen, only exceptionally. True chorea developing after that is more apt to be hereditary chorea—Huntington's chorea. Once in a while we see a case develop after twenty that is as curable as in childhood, but that is the exception, not the rule.

The criticism of the use of veronal, I think, is just, from the fact that too many times you are apt to give the medicine listening to the demands of the parents. You can not do that with veronal.

The matter of orificial surgery could only be thoroughly discussed in a long discussion. The fact of the matter is that many cases that seem to be chorea are really a variety of tic—not true chorea. It is hard to understand how a disease that is purely reflex in its origin can produce these changes in the heart cells. You would not state that a hooded clitoris would produce vegetable growths in the heart, and yet chorea does it. I do not doubt that sometimes orificial surgery may be very beneficial to nervous diseases—I know it is. But that it is a panacea for all the ills that follow in the train of chorea, I can hardly believe.

FOOD AS A FACTOR IN THE ETIOLOGY OF DISEASE.

J. C. Mitchell, M.D., Louisville, Ky.

Psychology tells us that consciousness is only where there is something that can respond to it and that the manifestation of that consciousness is conditioned by the ability of the certain something to respond to. If it is coarse and sluggish, the manifestation will be coarse and sluggish.

Physics teaches that everything is vibrating at certain rates of rapidity. A certain rate we call sound, another light, another solid, another liquid, etc. We call these by the different names because our sense organs are able to cognize them. Many vibrations are too rapid and many too slow for our sense organs to respond to them. When the physical body, composed as it is of solids, liquids and gases, is vibrating at a certain rhythmic rate we call it health or ease, because we can use it easily and readily to function on the physical plane. When it is vibrating above or below this we call it sickness or disease, because it is out of harmony with our needs.

Physiology informs us that the physical body is constantly undergoing waste and repair. That once in seven years, or less, the atoms composing

it are completely changed. It also teaches that the food we eat replaces the wornout tissues.

A knowledge of these facts places in our hands the opportunity to make our physical body a docile, obedient servant or a domineering inharmonious master. The laws governing the physical body are as immutable and unchanging as those which govern the sun and the planets of our universe or the law of mathematics. Nature does not say, "Do not do this or do not do that." What she does say is, "That if you do thus and so, you will get a certain result."

Physiologists, pathologists. hygienists, and others have studied these laws and published their findings. The medical profession has spread these teachings so effectually as to decrease the prevalence of disease.

All disease is preventable and is the result only of ignorance. When we know that we have to have a physical body to contact the physical plane, and that it is in our power to make that body a useful or useless instrument, would not common sense say to put only the kinds of foods into the body that give us the results we want. We would think little of an engineer who would use improper coal or water in his engine.

Man partakes so much of the characteristics of his diet that the old adage might be changed into, "Tell me what you eat and I will tell you what you are." If you will try the experiment of feeding two dogs, one on meat and the other on a meatless diet, you will soon see how much bearing food has upon the disposition of the individual. The meat eater is vicious, domineering and pugnacious, while the other is kind, quiet and peaceful. Another drawback to the meat diet is that the fear, resentment and horror which is felt by the animal while being slaughtered are impressed upon the flesh, and those eating it are influenced by these undesirable emotions. Again, the degradation resulting from the wanton cruelty of slaughtering myriads of animals affect not only the actual killer but the one who eats the meat as well.

But aside from all esthetic reasons is the fact that the flesh of the animal contains a considerable amount of effete and partially oxydized tissues on the way to excretion. These materials must be taken care of by the man's kidneys, in addition to taking care of the products of his own metabolism. Meats are eaten for their protein and fats. These can be gotten from the vegetables in a more easily assimilated form without the disadvantages. Meats give from 5.5 per cent. protein in oysters, to 24.3 per cent. in smoked tongue, with porterhouse steak at 19.1 per cent., the fat content being 1.4 and 31.6 and 17.9 per cent. Navy beans give 22.5 per cent. proteins and 1.8 per cent. fat. Dried peas give 24.6 and 1.0, while the lowly goober contains 25.8 per cent. of protein and 38.6 of fat.

Food may be defined as any substance that will supply the material needs of the physical body. Foods are classified into organic and inorganic. The inorganic consist of water and salts. The organic are subdivided into carbonaceous, nitrogenous and carbo-nitrogenous. Organic foods are de-

rived directly or indirectly from the vegetable kingdom. The animals whose carcasses humans eat are all herbivorous.

Carbonaceous foods contain mostly carbon, and are the fuel foods, and comprise the sugars, starches, fats and fruits. Nitrogenous foods contain mostly nitrogen, and are the building foods first, and then used for fuel. They are derived from lean meat and eggs. The carbo-nitrogenous foods are those which contain too much nitrogen to be classed as carbonaceous and too much carbon to be classed as nitrogenous. This class is composed of the cereals, legumes, nuts and milk. They are complete foods, because they carry all the elements required to satisfy the needs of the body, and one could live an indefinite period on any of them.

The carbonaceous foods in the process of digestion are changed into sugar. This, passing through the liver, is absorbed and stored up as glycogen. When glycogen is burned up in the muscles we have carbon dioxid and water with the liberation of heat.

The nitrogenous foods are taken into the circulation as proteids, which are oxidized in the muscles with the formation of carbon dioxid, water, and also a long line of nitrogenous mid-products. These are carried in the blood to the liver, where they are further oxidized and prepared for excretion by the kidneys.

If a person is using up all that he eats, and the excretory organs are taking care of the waste products, then the man is enjoying perfect health. If the bowels become constipated, some of this waste material is retained, the food residue undergoes putrefactive fermentation, with absorption of these poisons, and the man is ready to get sick. A slight draft and he has a "cold." A decided draft and he suffers from lumbago or has cold in the chest. If he is sufficiently toxemic, we may have a case of pneumonia or dysentery. But what about the pneumococcus and other disease-producing germs? Is it possible that germs are scavengers, and that their excreta, in addition to the prevailing toxemia, cause the symptom-complex we call pneumonia, typhoid, etc.? If there was nothing for the scavengers to do, would they be there, or cause trouble? In how many healthy throats have the Klebs-Lœffler bacillus been found?

When more food is put into the body than is required, if the digestion and assimilation are sufficient to take care of it, the excess is deposited in the form of fat. If the food value is less than required, then the stored up fat is drawn upon. But it is another story when more than the required food is consumed and not taken care of. It has truly been said that "too much of a good thing is as bad as not enough." The end products of metabolism must be gotten rid of. They are excreted by the skin, kidneys, lungs and bowels. These organs are capable of taking care of these waste products to a certain extent, but, like all other machinery, if worked to full capacity soon wear out.

When an organ is worked to its fullest capacity a constant congestion results, and soon proliferation of connective tissue commences. Then

follows contraction, with destruction of the parenchyma and loss of function.

When too much sugar is taken at one time it will ferment in the stomach as surely as in the distiller's vat. When our matinee girl consumes a pound of chocolates, and has a sick headache next day, would anyone have the courage to tell her that she was recovering from a drunk? We will quickly tell a patient who comes in with a case of hives or prickly heat that his diet is too "heating," and give him something to "cool" his blood. An excess of nitrogenous food will give us the "uric acid or rheumatic diatheses." The diseases resulting from this are rheumatism, affecting the joints, muscles or nerves; asthma, eczema, tonsillitis. Even psoriasis has been benefited by abstinence from nitrogenous diet. Haig gives meat, beans, peas, tea, excessive sweets and excessive sours as the only causes of rheumatism and kindred troubles.

How many have seen the following? A business man, 30 to 40, ruddy complexion, perfect health, jolly good fellow, pulse full and strong, urine highly colored, possibly rolls of fat on neck, double chin or bay-window, able to eat three square meals a day, and no meal without meat; one to three bowel movements daily. If, in addition, he takes a little alcohol each day, the end comes sooner. About fifty—more or less—he notices that he is a little stiff, breath some short, peculiar cough; "knows" he has a heart, liver or stomach; complexion faded quite a little; examined for life insurance and rejected. What do we sign the death certificate? Bright's disease? Arteriosclerosis? Organic heart disease? Would he or you have believed, if told twenty years ago, that he was shortening his days by his uncontrolled eating?

Experience is a dear teacher. Perhaps if he has suffered enough this time he will bring through into his next incarnation the faculty of "eating to live and not living to eat." When physicians know these things, why will they continue to do them?

DISCUSSION:

Dr. Chas. Woodward (Chicago): We are passing through a chemical age. You often meet a man who is so stiff he can hardly move. You say he has rheumatism. What causes this? We are passing through a chemical age, when our foods are all treated with chemicals that stimulate you and make the pulse run too fast, and then there is relaxation, and in relaxation you get the failure of every cell in the human body, and then you get failure of elimination, and then we say it is rheumatism.

I would classify foods a little differently from the old line of proteids. You take an egg and poach it, and it is non-irritating. Now we will add some of these chemicals that are in our food, and it becomes an irritant factor. Do you pretend to tell me that the albumen in this egg will do you the same good after the chemicals are added? I would classify foods as irritant and non-irritant—those that contain chemicals as irritant, and those free from chemicals as non-irritant. This is simple; the layman can under-

stand it. We come here to these conventions and lay so much stress on eating meat. I think it is what is in the meat.

Dr. M. A. Carriker: I have learned, as you have no doubt, than an excess of meat or animal proteid does more mischief in the human body than any other one thing that is eaten. Now Dr. Woodward says it is not so much the meat as what is in it. If it is in the meat, how are you going to get it out? We have had measles in our town, and I had twenty cases, and it was an unmistakable fact that every child that was a great meat eater—that ate meat two or three times a day—had a bad case, and the children that did not eat much meat had it lighter.

Another thing I have observed, that sexual excess and animal proteids are a cause of Bright's disease. If people would eat less meat and more fruits, vegetables, nuts, and green salads in their natural state, they would have better health, and the physician would be able to cure his patients easier.

SURGICAL TREATMENT OF OVARIES AND TUBES.

F. E. Hufnail, M.D., Minneapolis, Minn.

I am about to touch up an old idea, and for fear I make it monotonous I will eliminate all preparatory work except two things, which to me seem as important in their particular fields as any that follow. Namely: I always give my case, the night before the morning of the operation, two ounces of equal parts of prepared castor oil (oleum ricini) and syrup rheum—"plain" rheum, not "aromatic." If there is not free elimination, give one-half the dose two hours later. One hour before the operation I always give H. M. C. hypo, one-fourth grain size. Sometimes I repeat it, but this is rarely ever necessary.

We will now consider the modus operandi, between this and our entrance into and exploration of the field of immediate operation. We find, in our general run of laparotomies for the generative tract, the entrance through the peritoneum and our closure of the peritoneal encasement hold a direct relationship to future neuralgias or adhesions, and not infrequently both are present—persistent, and very annoying to the patient as well. This careful treatment is accorded the omentum. While careful, yet we are liberal in the size of the incision, and freely admit our hand, which is extended into the lower pelvic cavity until the uterus and the adnexa are discovered. I use the word "discovered" advisedly, for often dense fibrinous bands are encountered which have bound together folds of ileum and sigmoid. Again these bands may, and we find that they frequently do, form a wall or floor extending from the sacral promontory to the posterior surface of the bladder, of a very elastic nature, but firmly resisting the ordinary method of reaching the fundus uteri.

An effort to locate the ovary, or the mass in which it is imbedded, is made by following down along the sacrum to some point which will admit

a finger being worked through the inflammatory sheet portion, from which point definite knowledge of the upper surface of the mass can be adjudged. Friable, separable surfaces will soon free the tube and ovary, or both, and it is then brought into view, clamped separately and thus removed. Never completely remove the ovary, or at least all of its tissue, except in malignancy, which means panhysterectomy.

Treat both sides alike; stop all oozing. The uterus may not yet be free; if not, free it, and bring it up to the right position, and either do a Baldii or anterior Gilliam. We prefer the Gilliam, although the Baldii has been quite satisfactory.

Before closing the abdomen, and before any work on the ligaments have been attempted, sponge on sponge forceps sqeezed out of hot saline. We used to swab gently the pelvic cavity, and remove all little clots to prevent delayed recovery and annoying slight temperatures. Before leaving the abdomen, explore by the hand the kidneys, gall bladder, stomach, spleen and pancreas, if any suspicions are felt regarding them. We find it good practice to always sight the gall bladder, and usually the stomach, for evidence of ulcer or an indurated mass. Exceeding care in closing the peritoneum to prevent any omentum being either stitched in or looped in the line of sutures, is a matter too little observed. The fascia is always separately closed by No. 1 chromic, and the skin by plain No. 1, or No. 1 chromic catgut.

If, after all this, an operation for gall-stone or an ulcer of the stomach is to be enacted, we close the lower wound, and proceed as if in a primary opening for either. Rarely do we curette in any of these cases. First, because we do not often approve of that procedure; and second, where so much major work has been done, shock is great enough, and vomiting is very much to be avoided. On the fourth or fifth day, where subcutaneous suturing has been done, we "draw" the suture, which saves small "stitch-weeping." The case may sit up on the eighth or tenth day—best if only allowed to "back rest" until the fourteenth day, when the case is discharged, unless it is a case of gall-stone, which sometimes goes to the eighteenth or twenty-first day.

Upon leaving the hospital, strict orders should be given the patient as to conduct, and when properly impressed they usually make uninterrupted progress, and in six, eight or twelve months their condition is highly satisfactory.

Before closing, let it be known that efforts to preserve all ovarian tissue is one of our chief aims. That in the usual run of cases we "split" the ovary, and where it is all gone except the outer shell—even that so degenerated as to require care in order to make sutures hold—we "whip" it over and back, then unite proximal and distal ends, but we always clamp with force enough to partly crush the blood supply. This is to prevent congestion or swelling, and to compel the establishment of a fine net of collateral circulation, which in time—say a period of about two years—will rehabili-

tate the ovary, matrix, ovum, and evolution does follow, but usually our hope is to maintain, or rather to regain, normal sensations, and do away with the fallacious idea that a laparatomy means a certain unsexing, which I am forced to admit has been in the past the rule. There is no doubt that transplantation of ovarian tissue will become a regular procedure where cystic absorption has completely eaten away the ovary. A partial experience occurred in our work not long ago, and an ovary was folded into the round and folds of the broad ligaments, and for the first time in the lady's life normal sex desires developed.

From our experience, and the investigating of records of the Rochester clinic—also the after-care and treatment of many of such cases—we conclude that in the majority of all gynecological cases it is very similar to tonsillectomies and turbinate work in so far as delay is concerned. That is because of the nature of the trouble and modesty and accompanying fear. Most ladies do not consult the gynecologist early enough, and where a slight surgical interference early, or proper medical care, would have prevented radical work later, the patient has been kept back by modesty or the advice of mothers and lady friends, who insist that God made women to suffer, and this is really a factor in their lives. Again, the attending doctor at confinement or budding womanhood has neglected to observe the lesser but truly important signals of danger, and small functional troubles sooner or later become chronic. Hyperplasias, indurations, ulcerations and cystic degenerations begin, and there is but one conclusion. So we are endeavoring to allay these fears and dreads by restoring, not only the health, but normal life in all its functions, and it would seem, from past experiences, a justifiable course to pursue in a most justifiable cause.

DISCUSSION.

Dr. Baldwin: Nearly every physician in regular practice comes in contact with a large number of cases where an ovariotomy has been performed, and nearly all these cases have some nervous and mental conditions following the ovarian removal. I would like to ask the doctor what his experience is in these cases, and what results he gets in their treatment.

Dr. Lambert: I want to congratulate the doctor on his paper. It seems very complete. I had in mind the same question that Dr. Baldwin has asked, because I have had a few cases of ovarian removal—both ovaries and tubes —followed by these neuroses.

Dr. Kinnett: I want to ask if he ever had any trouble in giving H. M. C. I have. I have had patients absolutely insane for a half or three-quarters of an hour, when they were calm and quiet before that was given. I understood him to say he always gave this in preparing a patient. Some patients cannot take H. M. C. in any size dose. Of course, a great majority will take it, but some cannot.

Dr. Wilmeth: The doctor mentioned using chromicized catgut. I admire the doctor's technique and his preparation. For that operation I

prefer plain catgut. If necessary to increase its strength I double the small size instead of increasing the size. But in the use of the superficial suture, then my selection is the chromicized catgut.

In regard to the use of H. M. C., I do not use the H. M. C. I use the hyoscin and morphine occasionally, but we are rapidly getting out of the use of it entirely. Several years ago I used it, and the effect upon the circulation and upon the secretions of the liver was not usually satisfactory, although I had no cases of mania as I remember.

Dr. Carriker: The doctor states that he uses a purgative before the operation. I have been doing surgical work for more than twenty years. I once did these things, but I have quit it. When a patient comes to my hospital for operative work I begin a process of elimination—hygienic elimination. I put them on a menu consisting of fruits and nuts, light cereals and vegetables, and then after a few days I give them absolutely nothing but water to drink and exercise outdoors. Then after fasting from three to seven days I give them orange juice twice a day, then the next day a glass of hot milk every two hours, the second day every hour, and the third day I alternate it. I have seen the time when it required a good deal of chloroform; since I have adopted this method but little chloroform is required, and after they are once chloroformed they lie quiet and calm. I believe if the doctors would begin to think along these lines they would have no difficulty.

Dr. Hufnail (closing): Answering Dr. Baldwin, I always have a follow-up treatment for all my surgical cases. I do not think a surgeon is ever successful unless he does some follow-up treatment. I live in a country where surgery seems to be the predominant thing.

The doctor spoke of the suture, and that is important. We have found out in our work that the suture that is the best is the plain catgut, and we never put in a drainage tube, even if there is pus, unless we suspect infection. In stitching up the skin we use No. 1 plain, and we put in what we call a tree suture. It is subcutaneous. The third or fourth day you cut your knots and it will come right out, and you do not have any weeping whatever, and there will be just a little red line, and in a few months it is gone. If they have a flat abdomen I just draw it together with adhesive strips.

About H. M. C., I always use H. M. C. I give it one hour before the operation, and then I have the patient quiet and ready for the operation.

DRAINAGE.

Geo. C. Porter, M.D., Linton, Ind.

We have in our vicinity a large body of land that was once a perfect waste, teeming with malaria and typhoid conditions until it was almost impossible for anyone to live upon it, or near it, until great drain ditches from all parts of it carried away the waste and refuse, leaving it today one of the most fertile, healthful and enviable locations to be found. Similar pro-

cesses are being carried out every year in all parts of our country with similar results, depending on the thoroughness of its drainage.

In this I see an analogy of the human body. By the natural process of living, and from contact with the broken laws of hygiene and the constant opposing forces about us, such as excessive heat, excessive cold, varying humidity of the atmosphere, and many conditions over which we have no control, our bodies become very cesspools of waste and disease.

This proposition to me seems axiomatic. Our blood is never entirely free from the waste produced by the metabolic changes constantly going on in the body, gathering up the waste and ash produced in the remotest tissues of the body, wheeling into the various glands of the body its loads of effete and sometimes irritating substances, which in turn irritates the glands, causing a perversion of their secretions. Consequently the blood is never only relatively pure.

The alimentary tract is never entirely free from waste, debris and toxic matters constantly being dumped into it and created within it. The digestive secretions are seldom just right in their entirety. So on, we might go the rounds of all the functions of the body, and indeed very seldom, if ever, would we find everything just perfect. In other words, we are perhaps never exactly well from the time we are born into this world until life is finally extinct, being crowded out by the overwhelming increase of waste and toxins produced in the body or introduced from without. Then it must follow we are never entirely well—only relatively. The great fundamental then, in preserving comparative health and relieving sickness, will be in thorough and adequate drainage of the body of all the waste and toxic material therein produced. This, of course, can only be done in a comparative way. The status of one's health will bear a direct ratio to the completeness of this process.

As to just how this shall be accomplished is indeed one of the great questions. I believe every remedy selected from specific indication or otherwise, that does good, must comprehend this process. Nature has supplied us with the great channels for drainage, viz.: the skin, kidneys and bowels, of which the bowels carry off the far greatest amount of waste. Now, I do not wish to be understood to say that all a sick patient needs is to work the skin, kidneys and bowels, but that is always a by-way process.

Adequate drainage implies the carrying from every cell of the living organism, the waste there produced by metabolism and tissue activity, never faltering until it has passed from the confines of the body through the eliminative processes. Fields are made fertile for the reception of disease invasion, just beyond the eliminative channels, by the retention of waste material. For example: Cerebritis or meningitis, if not caused from some injury to the parts from without, must be caused from waste materials given off there, or irritative elements in the blood carried there from some other source and retained there sufficiently long to set up diseased conditions.

Acute nephritis must be caused directly or indirectly from the failure of some other adjacent excretory function. This same thing might be said of practically every other disease, acute or chronic. Now, evidently the helpfulness of remedies depends upon their power to go into these selective fields and liberate irritative substances and poison waste, making possible for it to be gathered up by the blood and lymph streams, to be separated from them in the glandular structures through which they pass, getting directly in the eliminative channels where it may be disposed of as waste of the body.

I have seen cases of typhoid fever treated as though the diarrhea, which nature usually furnishes to carry off the waste and effete material from the ulcers, was the great offender. I have personal knowledge of physicians who will let their typhoid and otherwise sick patients go without an effort to establish and maintain good drainage from the diseased parts.

I take it that all diarrheas are, first of all, nature's own effort to unload something pent up in the body seeking to do harm, and that nature should be assisted in this matter by properly selected remedies, leaving the bowels open to carry off the debris and waste the same as you would the drainage ditch to any cesspool we were seeking to purify outside the body. Given a case of acute indigestion, the patient with flushed face, bright eye and contracted pupil, elevated temperature, with small frequent pulse, we at once see the indications for aconite and gelsemium in appropriate doses, but it will have a hard time correcting the condition without establishing drainage and unloading the alimentary tract of the offending material. Then, and not until then, will you see the great response to your aconite and gelsemium. We sometimes hear men speak lightly of unloading the alimentary tract, as though it were an automatic unloading device, capable of doing its own work unmolested, but I am quite sure, in my own experience, it is best for me to give careful attention to this important part, and assist nature continually to maintain this important channel of drainage.

I find it impossible to relieve an auto-toxemia without opening and maintaining free drainage through the bowels. And so we might go through the whole category of diseases of the human body, and I am sure their benefit must come primarily from a more thorough drainage of the organs and parts involved of the waste and effete material created and pent up in them.

SPECIFIC MEDICINE PULSATILLA.

Frank Webb, M.D., Bridgeport, Conn.

As all of the physicians here are well acquainted with the description of this very valuable remedy, there is no need to take up your time in its repetition.

I have been asked many times by my professional friends of the dominant school of medicine how I got results from a drug that they had tried,

only to obtain failures. In talking about the drug one always finds that they used a fluid extract or a tincture made from a fluid extract, which accounted for the failure to obtain results. The only preparation of pulsatilla that has proven satisfactory to me is specific medicine pulsatilla. I have obtained slow results from a good mother tincture, but for rapid and permanent results the specific medicine is the one to be used.

The indications for this drug are nervousness, sadness, a disposition to look on the dark side of things. To begin with I unhesitatingly state that this remedy is for light complexioned people, or at least for those who have blue eyes, and it also covers a greater range of symptoms in the female than in the male. I have, however, obtained very good results in a few cases in people of dark complexion.

In January, 1901, I was consulted by a woman who looked perfectly healthy, but who would sit and cry for ten or fifteen minutes at a time. She was a stout, fair-haired, blue-eyed, healthy looking woman of thirty. I diagnosed her case as melancholia. I used the fluid extract pulsatilla with no improvement in three weeks, as the indications were for pulsatilla, I then tried a mother tincture with slight results in two weeks. I then put her on specific medicine pulsatilla and the result was so marked that in two weeks I discharged the case. I saw the patient a short time ago and she told me she had experienced no nervousness since that time, but had been in the condition she was when she came to me, for over four years. Had been to a specialist in Berlin and to another in Paris, but could get no relief; however, she was cured by a specific medicine pulsatilla in two weeks.

A young man who had light hair and blue eyes came to my office one day in the spring of 1902. He thought he was going to die and begged me to do something for him. He had been under the care of several old school physicians who had given him bromides and diverse other preparations. He would sob and weep while he related his symptoms. He had palpitation of the heart, cold clammy hands, in fact was a poor depressed mortal, he thought that something dreadful was going to happen. I questioned him but he denied any venereal disease or self-abuse, but he told me his reproductive organs had developed very rapidly. I examined him and found him in a perfectly healthy condition. I should here state that his age was twenty. I told him that I could cure him, that he had no disease. He cried so that I thought he would faint away before he left my office. I wrote a prescription for specific medicine pulsatilla one dram, water four ounces, dose one dram every two hours, and told him to return in one week. He returned a very happy boy, he was cured. He married in 1904 and is perfectly well. In fact has not been ill since. He has three healthy children and is a great friend of Eclecticism and of his doctor. He said the second dose cured him of the horrible depression that had hung over him for three years and had continued to increase so that he was unable to sleep nights.

I was called to a woman of about thirty years of age who at the menstrual period could not control her nerves, and who had an intolerable thirst and severe pains which shifted from one ovary to the other; her menses would come on for a day or two and then stop from fright as she lay abed, as she imagined she had diabetes, as one doctor told her gravely by feeling of her pulse and looking at her tongue. I examined her urine but could find no trace of sugar. I prescribed specific medicine pulsatilla one dram, water four ounces, dose one dram every two hours. The next day her menses came on and her horrible dread had gone. I then treated her for her ovarian congestion with the following prescription, specific medicine pulsatilla one dram, specific medicine tiger lily three drams, Elix. simp. q.s., ad four ounces, dose one dram every three hours. She continued this medicine for three months, and after the lapse of four years she is perfectly healthy.

With the above indications I have cured several cases of leucorrhoea of a greenish, burning, acrid character with the aid of simple warm water douches for the sake of cleanliness.

A patient came to me one time who complained of a sensation of distress in the stomach if she ate anything warm, or was in a warm room, or if she had warm wraps on. She imagined that she had a cancer and would sob and tremble and beg me piteously not to let her die. I told her to eat cold food and drink iced tea and sleep out on the porch. I prescribed specific medicine pulsatilla, one dram in water four ounces, dose one dram every two hours. In six weeks she was cured. She had been to the best nerve specialists in New York and London, who pronounced her incurable because they could get no results from coal tar derivatives or bromides, but simple pulsatilla did the trick much to her delight, and today there is a no more ardent friend of our school of medicine in the State of Connecticut.

In cases of cancer I have allayed the fears and quieted the terrible nervousness of the last stages with pulsatilla.

In cystitis accompanied by or caused by fear of impending danger, patient thinks she is going to die, there is nothing like pulsatilla with which to commence the treatment, and then after a few doses follow up with the indicated remedy, and you are sure to cure your patient every time.

On April 27, of this year, I was called to a lady who is noted for her strong character, who, in her daily life was called on to bear the burdens of many, who has nursed many cases of sickness and in general is looked upon as as good as a doctor. She nursed her husband through a long illness which culminated in his death about thirty months ago. After his death she broke down. She called her family physician, who is an Eclectic, who treated her on and off with no improvement, finally she had to take to her bed, she imagined she had cancer of the stomach, she was dreadfully blue and depressed, and instead of others leaning on her she had reached the state where she leaned on others, which, to a person of her independent nature, was far from pleasant. I put her on specific medicine

nux vomica five drops, specific medicine pulsatilla one dram, water four ounces, dose one dram every hour. I visited her on the 29th and found her much better. Continued the prescription with the addition of a tablet composed of valerian and celery seed three or four times a day. She continued to improve so rapidly that I discharged her on May 15th, feeling better than she had in a number of years.

In prostatitis of old men, accompanied with melancholia, it is one of our best remedies. I have cured many cases and relieved many more and made life bearable for the poor old sufferers with the following prescription, specific medicine saw palmetto two drams, specific medicine pulsatilla one dram, elix. simp. q.s. four ounces, dose one dram every three or four hours. Lest some should say that it was the saw palmetto that did it, I will assure yo that it was the combination of both drugs, as I tried the saw palmetto alone with indifferent results until I added the pulsatilla.

I will close with just one more reference to its use in orchitis. In those cases it is most useful in persons of light complexion and blue eyes.

Of its hypodermic use I will make no reference as that is in my book that so many have read.

Thanking you for your kind patience and strict attention, when so many more important and interesting papers are to be read, I will say that there is no more useful drug than specific medicine pulsatilla, and one that will repay investigation more than it will.

DISCUSSION.

Dr. F. E. Hufnail: I am glad to note that the reason for my failure with pulsatilla probably has been because the ladies in our country are not of a light complexion, for I have often thought that pulsatilla was subject to some of the nervous phenomena that some people are. Perhaps it is all due to the fact that I did not prescribe it to the right temperament.

Dr. Choate: I would like to ask what his results have been with injecting pulsatilla following gonorrhea?

Dr. ————: I use pulsatilla, but I would like to ask a question. In the first case you spoke of as having good results you said you told the boy he would get well and he did get well. The attitude of mind certainly had something to do with that cure.

Dr. Carriker: I have had considerable experience with pulsatilla, and I have learned that specific pulsatilla is the drug par excellence. I have used the fluid extract when I did not have the specific, but did not get any results.

Another thing I have observed, that whenever pulsatilla is indicated there is a disturbance in the cerebellum, and when this condition comes pulsatilla will always correct it. There is a relation with the sex organs, although it may be irritation.

I have not noticed the difference between the color of hair and eyes, but I have learned this fact, that if the hair is dark and the eyes are dark the patient will require larger dosage than those with light hair and complexion, because they are more sensitive.

Dr. Kinnett: I see now where I made my failures. I see where Hufnail did not have success, because he sat under me when I was teaching about pulsatilla. I have had many failures, with any kind of hair, and with no hair at all. I have had more failures than I have had success,

and I have given it from small doses up to large doses, but I am going home now, and when a light-haired fellow comes in, I will say, "I have something that will quiet you down." And when a dark-haired chap comes along, I will say, "I can not do anything for you. You will have to be nervous." That surely is a peculiar idea that we have to have a person of certain color of hair and eyes.

Dr. McKee: I have had a little experience with pulsatilla, and we often hear it spoken of as being poison. I would like to know what the poison dose would be.

Dr. W. E. Postle (Columbus, Ohio): I am interested in this discussion, because someone has said it will cure melancholia. Now, do not let us deceive ourselves, and deceive yourself if you put any faith in the statement that it will cure melancholia. It will give relief to a nervous woman who is a little melancholy sometimes, it does not make any difference what color her hair or whether she wears a wig; but it will not do it every time, and it will not relieve melancholia one time in a dozen. It will give a patient a little relief from purely functional nervous trouble; but if you have a structural trouble, something that reaches the nervous system through the reflexes, your pulsatilla is thrown away. You will get no relief from pulsatilla in the case of a patient who has been in the habit of taking large doses of other drugs. If she has been taking bromides or strychinine, or if she has been used to taking large doses of hypodermic antitoxins, you will get no results from pulsatilla. You will get your best results from pulsatilla in a woman who is nervous and excited and crying and tearful, but in true melancholia you will get perhaps a slight relief, but it will not cure. No man in this world ever cured melancholia in two weeks or two months, because they do not get well that quick. You do not get the poison of melancholia through the system in such a short time, because it runs through a fixed course, something like typhoid fever. Do not pin your faith to pulsatilla. Our chairman has read an excellent paper and said some splendid things about pulsatilla, but take them with this much of a grain of salt—that you must have functional disturbances as the cause, not structural troubles. It must be purely functional nervous trouble; it may be marked by a little melancholia, a little disturbance of the mental centers, but the cause must be functional if it is to be helped by pulsatilla.

Dr. Holmes: There is no doubt that pulsatilla does give results where we have functional mental troubles. But here is one thing I would like to impress upon the medical fraternity—that there is a great factor in mental co-operation, and there is something in mental telepathy.

As to dosage, we all know this, that light-haired, blue-eyed people take less than those that are dark. And you must have this in your mind, that if you do not have faith in your drug you will have no mental impression on your drug. You must say with determination, "This drug will help you." Then you have made a mental impression, and we have demonstrations where mental telepathy does work with some people. If you have no faith in your remedy, do not give it.

Dr. H. G. Sharpe: The question then arises whether it is the effect of the drug, or the psychological impression of the doctor that produces the result.

Dr. Vitou: Pulsatilla is quite a favorite drug with me, and while I use it for that nervous condition, I think I get as good results in some forms of stomach troubles and indigestion as in nervous conditions. I think pulsatilla is very valuable for that condition of the stomach that is

probably caused by a neurotic condition of the gastric nerves, or so-called nervous dyspepsia.

Dr. Webb (closing): In reply to Dr. Postle, I would say that I had hoped there were no Eclectic physicians ignorant enough to attempt to cure any traumatic condition with a drug.

In reply to some of the others, pulsatilla is the drug of all other drugs that acts on the spinal and sensory nerve. I want everyone of you to watch your nervous reflexes, and you will find there is more trouble in that direction from light-haired people than from any other class of patients. As far as melancholia is concerned, melancholia is not a disease, as the doctor knows, it is a symptom, and when you remove the condition that leads to melancholia, you remove the melancholia.

A URINARY TEST WHICH AIDS THE DIAGNOSIS OF CANCER AND SARCOMA.

Charles H. Walker, M.D.,

Instructor in Diseases of Children in the New York Post-Graduate Medical School and Hospital,

AND

Frederick Klein, Ph.D., New York,

Consulting Chemist.

The diagnosis of a malignant disease whenever the microscope has not been employed has always been considered more or less problematical. Hence simple tests, especially if these are chemical ones, will be of very great assistance to the diagnostician.

In the years 1911 and 1912, Salomon and Saxl, Vienna, published a test which has undoubtedly done much to simplify and to confirm a positive diagnosis. They published a statement that out of one hundred and eighty-five cases pronounced cancerous from the urinary test, one hundred and seventy were later confirmed by the microscope.

Their method consists of oxidizing the neutral sulphur of the urine with hydrogen peroxide, as follows:

To a cold specimen of urine is added barium chloride and then filtered. The filtrate is now heated and to this is again added a solution of barium chloride, which must also be heated before they are mixed, and again filtered. By these means the sulphates and the ether-sulphuric acid are eliminated with the precipitates. Now, to the second filtrate, hydrogen peroxide is added and a solution of barium chloride again added. Should a cloudy or turbid reaction or a precipitate appear (barium sulphate) it is assumed that cancerous condition exists.

Several years ago Dr. Frederick Klein, New York, in his chemical research work advanced the theory that whenever a malignant condition existed, the sulphur compounds, taurin and cystin, underwent certain reduction modifications and no longer existed as taurin $C_2H_4NH_2SO_3H$ and cystin $C_3H_5NH_2SO_2$.

Hence, by a study of these sulphur changes a diagnosis of these pathological conditions could be determined. Possibly other morbid conditions

may be found which will give rise to these chemical changes, but there is a marked and distinctive difference in the chemical reaction between the urine from a normal person and from one suffering from cancer or sarcoma.

The problem of the etiology of malignant diseases comes hardly within the province of this paper; nor does the differentiation of carcinoma and sarcoma. However, the chemical metamorphosis which takes place whenever malignant disease develops as manifested by the changes observed in the secretions from the liver, in the blood and in the urine, shows that they are very closely akin if not identical.

Whatever may eventually prove to be the exciting cause, the end result is an unequal oxidation of the secretions and of the tissues of the body. This is shown as a hyperoxidation at the site of the growth with a reverse or deficient oxidation of the sulphur compounds elsewhere.

The liver is the great and chief chemical laboratory. A careful comparison of the chemistry as exhibited by the liver in a case of malignancy and of a person of normal conditions, will confirm the above statement.

In the malignant case the sulphur compounds, taurin and cystin, of the liver no longer remain as to the empirical formulæ $C_2H_4NH_2SO_3H$ and $C_3H_5NH_2SO_2$, but are now found in a reduced state.

The following urinary test is based on the above chemical observations and may be considered as a reliable test for malignant disease, also the degree of change seen will aid the prognosis as to the condition of incipiency or of an advanced state.

If to a sample of urine is added iodine and HCl (hydrochloric acid) in some instances you obtain a light specimen, while in others a dark colored one. In the one case the urine is more or less decolorized because you have converted your iodine into HI (hydro-iodic acid), thereby partially decolorizing the specimen and bring the urine back to its former urinary color. In the darker specimen, the HCl fails to convert the iodine into HI or some soluble iodine salt, but it still remains as free iodine and the urine is much darker in color in consequence of this free iodine.

That this is the condition can further be proven by adding a small portion of liquid starch solution to each. One becomes blue or purplish in color, due to free iodine; the other remains unchanged or slightly greenish.

In advanced malignant cases these color changes are very marked. Thus, one can demonstrate the advancement of the disease.

The method employed for these iodine tests are as follows:

Two solutions are made for comparison of color.

First: To 10 c.c. of distilled water is added 10 min. of a 1-10 normal iodine solution (United States Pharmocopeia, page 549) . This is marked "A" and is about the color of normal or non-malignant urine after the reaction is used.

Second: To 10 c.c. of distilled water is added 3 min. of a 1-10 normal iodine solution (United States Pharmacopeia). This is marked "B" and

will correspond very closely to the urine of a malignant case after the urine is tested.

Now test the urine as follows:

To 4 c.c. of urine is added 10 min. of a 1-10 normal iodine solution (United States Pharmacopeia) and well shaken. To this is now added 4 c.c. of hydrochloric acid, chemically pure, specific gravity 1.19, and well shaken.

As the urine now compares in color with "A" you may consider the case non-malignant or to "B" a malignant case.

Another chemical reaction was observed, thus: Add to one drop of the urine of a normal individual a solution of potassium permanganate ($K\ MiO_4$). At once this is converted into manganese hydroxide ($MnOH_3$), which is precipitated and the solution becomes colorless. Add to a solution of $K\ MnO_4$ one drop of a urine known to be from a malignant case and the solution of $K\ MnO_4$ becomes purplish red in color with no precipitate. If allowed to stand in a temperature about 30° C., after eighteen or twenty hours the above discoloration will take place and the precipitate $Mn(OH_3)$ will be deposited.

Another very interesting chemical reaction was observed in connection with two cases of severe jaundice accompanying carcinoma of the liver and gall-bladder. Both patients were in extreme conditions of icterus, the urine showing strong bile reactions. Iodine solution added to the urine produced only the darker reddish-brown coloration of iodine. Forty-eight hours after the administration of sulphur and selenium internally, if an iodine solution was added to the urine, it became bright grass-green in color. This occurred in both cases and continued so long as sulphur and selenium were administered, but disappeared if they were stopped, only to reappear when the drugs were again used.

Icterus urine plus iodine solution=reddish brown color.

Icterus urine plus sulphur-selenium treatment plus iodine=bright grass-green color.

The following is the explanation:

Icterus urine contain glycogen $C_6H_{10}O_5$ and similar carbohydrates. The sulphur and selenium evidently transforms them into starchy compounds, hence the green reaction. Experiment has shown that iodine added to a solution of selenium in the presence of sulphuric acid will yield a green color.

Glycogen (animal starch) plus iodine=reddish-brown color.

Glycogen after sulphur-selenium administration plus iodine=bright grass-green color.

A reverse reaction will confirm this.

Liquid starch plus HCl or H_2SO_4 plus heat=dextrose (grape sugar, diabetic sugar). This is not affected by iodine except to give a reddish-brown color similar to the glycogen reaction.

Liquid starch not so treated gives a blue or green coloration according to its concentration or to the presence of bile pigments.

Urine from patients under the sulphur and selenium treatment but who were not jaundiced did not yield a green color with the addition of iodine solution to the urine.

In reviewing the above chemical research work I wish to especially call attention to the comparative test between the urine of a malignant case and that of an apparently normal condition. The use of the 1-10 normal iodine solution, United States Pharmacopeia, and HCl as above described. The results from my observations have been very positive and accurate. A marked difference in color indicating an advanced state, while slighter variations in color, incipiency or less involvement.

LOBELIA.

Wm. P. Best, M.D., Indianapolis, Ind.

Gowers is credited with the observation that "the diseases of which we know the least pathology are the diseases which we treat successfully."

No doubt this was an expression growing out of experience in the treatment of diseases. We are far from decrying a full knowledge of pathology, yet there are many remedies which are successfully given for symptomatic expressions only.

This, however, is not true of lobelia since it will prove valuable when given for pathologic conditions if we but see and comprehend the underlying pathology.

When in college, I was, with many others, amazed when our good professor, Locke, wrote the one word "lobelia" on the blackboard as the one topic about which we should write for our final test in therapeutics. That was twenty-five years, a quarter of a century, ago. Yet to-day we find this old remedy more widely and better known and more extensively and possibly more comprehensively used than ever in its history as a medicine.

To those knowing nothing of the remedy it seems like therapeutic fairy stories to hear or read of the results which this remedy will produce. The unfortunate compounding to which this agent has been subjected has no doubt caused exaggerated estimates to be made of it or brought undeserved disapproval from those not knowing its real value.

To men practicing medicine specifically its use and the action produced thereby has made of it one of our most valuable American plant remedies.

Given in doses from a fraction of a drop to one drop, its gentle stimulating effect is agreeable and comfortable. It plays a very important part in aiding a restoration to normal circulation when we find the pulse soft, flat, or with a distinct interval between the pulse beats, as though the artery wholly collapsed between the pulse waves.

In beginning pneumonia, pulmonary congestion or any condition where the depression from the onset of the disease produces the pulse above described, this remedy is so positive in its action that we justly call it a specific medicine. Its influence is gentle, comforting, prompt and certain.

The pulse will soon change, denoting improvement in the vasomotor activity and all functional life is benefited.

Nowadays physicians demand information based on scientific investigation, but how many of us have at our command laboratories or the necessary time to devote to methods of this character? How much would we know of the action of lobelia, opium, aconite, quinine, etc., had we of to-day had to wait until some expert had made thousands of observations and experiments on mice, rats, cats and dogs?

Granting all due credit for knowledge thus obtained, is it not true that, after all, the practice of medicine depends little, indeed, on such information?

"Mastery of all the sciences upon which medicine is founded does not make the physician until he learns how to construct out of them the special art which enables him to cure disease."

Many of the facts concerning this, and most remedies, come from use, experimental use, empirical knowledge, bedside observation and reasoning. Thus came to our knowledge the use of lobelia, hypodermically, since which time it has proven of inestimable value in diphtheria.

I have seen its effects compared with diphtheria antitoxin, when it was administered to one child in the family, and antitoxin to another. I was unable to see any difference in the progress of the two. The recovery was apparently the same in every way in each child.

In cardiac insufficiency, with threatened complete heart failure, subculoyd lobelia or the specific medicine in doses of gtt. x to xxx, subcutaneously, will produce relief after other remedies, such as nitroglycerine, digitalis and strychnine, have failed. This I have verified and have had the satisfaction of restoring the patient when death seemed imminent after older, better-known and reputable remedies had failed to relieve.

To be sure, this did not cure the mitral insufficiency. It did not remove the heart disease—the pathology; yet does any known so-called heart remedy do all this?

Rest and sleep will follow a dose of subculoyd lobelia in a typhomania, when baths, sedatives and soporifics fail.

Vigorous uterine contractions will follow a dose of from gtt. x to gtt. xx, either per orum or hypodermically. Do not use it until the cervix is well dilated.

Ten to twenty drops given in warm water per rectum, or small doses given repeatedly to nausea will relax the cervix, but be sure you use the small dose.

In painful tonsillitis it has produced quiet, comfort and sleep, all following quickly after a hypodermic dose of lobelia gtt. xx in the gluteal region.

In the hands of a medical friend I have known an ounce of subcuolyd lobelia injected into a colt, suffering from apparently hopeless tetanus, to produce a cure.

Really we are learning much that is new and valuable, as well as relearning much formerly known, by a restudy of lobelia.

2218 East Tenth Street.

CALCIUM SULPHIDE IN PELLAGRA.

R. O. Braswell, M.D., Fort Worth, Texas.

For the past few years the medical profession has been much interested in the etiology and treatment of pellagra. While it may be that the etiological factors remain obscure at this time, it is nevertheless a fact that we have made considerable progress in the etiology and treatment of pellagra. While no definite, scientific etiological conclusions have been reached, we are bordering on the threshold of the simplicity of the origin of this great malady. Some men who have studied pellagra closely, have possibly already reached a conclusion regarding the etiology of this disease, while others, who are more conservative, are looking for more light to be shed upon the etiology and treatment of this disease. In fact, we are all pretty much at sea regarding some phases, both in the etiology and the treatment of pellagra.

I am sure that the diagnostic symptoms are so plain and so well understood that an error in diagnosis is inexcusable. The gastric disturbance, the sore mouth, and the nervous phenomenon attending each and every case, together with the varied eruption of the skin, are so well marked in most of the cases that the diagnosis is practically easy. There is one other condition to which we wish to call your attention, and that is the burning of the feet. It has been my observation in several cases that the feet burn with such exaggerated heat that the patient is exceedingly uncomfortable. I have observed this in several typical cases, late in the progress of the disease, and I have found but one remedy that will relieve this distressing condition, and that is to expose the burning feet to the air. The patient complains when the feet are covered up and the air excluded. Cold water will not relieve the burning but intensifies it. Ointments and applications of all kinds which have a tendency to exclude the air, only make the conditions more disagreeable. Alcohol applied to the burning feet, if exposed to the air where the evaporation is rapid, will give some relief. There is an affinity between the air and the nerve peripheries of the hands and feet in pellagra. Just what this affinity is I do not know, as my scientific knowledge has not reached the point for the solution of this feature, but I do know, positively, that the burning of the feet is a strong diagnostic symptom and one that can not be relieved except by exposure to the air.

While my mind is pretty well made up as to the etiology of pellagra, I am going to leave out of this article all discussion of the etiology of pellagra, and with one single leap jump from the diagnostic symptoms into the treatment of this disease. It has been my good fortune to treat a few cases and to observe many more. We call your attention to calcium sulphide as a leading agent in the treatment and cure of pellagra.

Calcium sulphide given in large quantities will relieve and benefit all cases of pellagra and make a permanent cure of a large percentage. It must be remembered that small doses will have very little influence on this disease when it has reached the stage where a definite diagnosis can be made. Not less than ten grains each day, and in many cases it is necessary to give twenty, thirty, and even forty grains each day until the system is entirely saturated with the drug. The point of toleration will be reached in all cases, but it is impossible to determine when the point of toleration will be reached in each case. It depends entirely upon the amount of work to be done by the calcium sulphide. I have a case in mind where I gave forty grains of calcium sulphide each day, covering a period of five days. At the end of the fifth day we had nausea and vomiting from the effect of the drug. We gave the system thirty-six hours' rest from the calcium sulphide; in the interim gave one teaspoonful in one-half glass of water, of the saturated solution of sulphate of magnesia. This washed out the bowel thoroughly, which relieved the symptoms above described. We then gave calcium sulphide, two grains every two hours, making twenty-four grains each twenty-four hours. This was continued for a period of ten days, when the point of toleration was again reached, though during the second administration we gave one teaspoonful of the saturated solution of sulphate of magnesia in one-half glass of water, every three hours. After ten days had expired we gave the system a rest of one day from the calcium sulphide, and thereafter gave the patient ten grains each day for sixty days, at the end of which time the patient showed no symptoms of pellagra. The sore mouth, which was the worst I have ever seen, was entirely healed, the eruption had disappeared, the skin was left smooth and white, while the gastric and bowel symptoms had entirely disappeared. This was more than one year ago and the patient, who lived at a distance, has made repeated trips to me from six weeks to two months, from that time until now, and she has no symptoms of the disease and is in perfect health. This woman's age is fifty-two years, and she is the wife of a wealthy farmer and the mother of eleven children.

The second case we wish to report is that of a lady, aged forty, who came under my observation and treatment, March 22, 1913. She had the sore mouth, eruption on the hands and arms, the diarrhea, and nervous phenomenon which attend these typical cases. She has, as a complication, the large uterus, with hemorrhage almost continually. On March 22, we gave her fourteen grains of calcium sulphide. She took fourteen grains each day from March 22 to March 25, on which date we instructed her her to take one grain every hour during the day, which amounted to, on an average, twelve grains each day. In addition to this, we gave her one teaspoonful of the saturated solution of sulphate of magnesia in one-half glass of water, every three hours. On March 27, we reduced the magnesium sulphate to three times each day. On March 29, a hemorrhage from the uterus stopped. No change was made in the treatment until April 9, when

she reached the point of toleration and we discontinued the calcium sulphide for a period of five days. On April 14, we resumed the calcium sulphide, one grain every hour during the day; also continued the small dose of magnesia three times a day. During this period the temperature varied very little, ranging from 97° to 99½° F. The pulse rate ranged from 70 to 90, but most of the time about 80; respiration 18 to 20 at all times. At this date, April 19, the sore mouth has healed and the eruption on the hands has entirely disappeared, but the patient complains of a tingling sensation on the hands and arms, and the feet still have the burning sensation. We consider this case rapidly on the road to recovery.

We have given the report of these two cases, one treated more than a year ago, and the other under treatment at this time, with the purpose of showing the course of treatment and the rapid improvement under the influence of calcium sulphide. We made no change in the diet in the treatment of either of these cases except to take them off of fats entirely and to regulate the use of cooking oils and grease in general, but especially eliminating cottoline and all products made from cotton seed oil and other cooking oils and preparations that contained linolein.

THE NERVOUS CONDITIONS OF THE PREGNANT FEMALE.

C. A. Tindall, M.D., Shelbyville, Ind.

Many peculiar nervous manifestations are presented in the pregnant woman. Some of these are physiological and some are pathological. Some of them are of interest only as concerns the woman and some as concerns the unborn babe. We are told, in ancient history, that the Greeks and Romans who lived in luxury and wealth, had a firm belief in the fact that maternal impressions were conveyed to the child. They had their wives, who were in the pregnant state, placed under the most advantageous surroundings possible. Beautiful flowers and pictures were all about them, delightful music saluted their ears at appropriate times during the day and night. All worry and care was, as far as possible, removed and everything made pleasant. This was done in the belief that it would cause beautiful daughters and sons with a temperament of the highest order. Many of you who personally knew Prof. King will remember that he had a strong belief in the fact that maternal impressions were conveyed to the child.

Personally, while I believe that the general characteristics of both father and mother, in both body and mind are, to an extent, conveyed to the child, I think that environment has more to do with the development of the child than any prenatal influence. Although I have seen hundreds of women who were expecting birthmarks when their babies were born, I have never seen a single instance where the expected mark was present. I have seen many nevi and malformations, but they were in the women who were not looking for them.

While there may be some question as to mental impressions of the

mother being conveyed to the child, there can be no question as to the nervous manifestations in the mother, and it is this, rather than the impression on the child that I wish to consider. Sometimes, with the advent of pregnancy, the whole nervous system seems to be changed. The taciturn become loquacious and the loquacious become taciturn, as Prof. King used to put it; the melancholy become happy and the happy become melancholy; the cross become kindly disposed and the kindly disposed become cross, and so on with other characteristics.

All of these changes may be physiological and their cause is obscure, although deranged circulation with an excessive amount of blood to the generative organs and pressure on the nerves are, doubtless, factors.

Morning sickness might also be considered physiological. No very satisfactory cause has ever been given for it although it is probably sympathetic and caused by pressure on the uterine nerves, as a result of the enlarging uterus. It generally commences about the fourth to the sixth week and lasts for a few weeks, although it occasionally commences almost at the beginning of pregnancy and may continue throughout the period of gestation. It may vary from a slight nausea before breakfast to a persistent vomiting whenever the least particle of food is taken. When it becomes aggravated it is considered one of the diseases of pregnancy and the best means of relief should be employed, as it sometimes becomes so persistent that the life of the patient is endangered and, in fact, some die purely from starvation.

Volumes have been written on the subject and yet our abilities are sometimes taxed to the limits with but poor results. The disease should be treated symptomatically. A cup of coffee with a piece of toast taken before arising in the morning, followed by a short period of sleep will be beneficial. If there is any time in the day when the symptoms are absent, the heaviest meal should be taken at that time. Great care should be taken in selecting food, that it is most nutritious and easily digested, particular care being given to the individual tastes of the patient. Remedies almost without number have been suggested and used with failures and successes. The remedies which have given me the best results are aconite, gelsemium, nux vomica, and the bromide of ammonium. Occasionally the hypodermic injection of a quarter-grain of codein will give excellent results. The symptoms are sometimes so severe that it is advisable to bring on premature labor although this should be the last resort.

Neuralgia and pressure paralysis are frequently present. This will vary from pain about the lower limbs and hips to a marked loss of use of the affected part. It is caused by pressure and since it is impossible to remove the cause until the child passes away the best possible palliative measures should be employed. If the pain is severe hypodermic injections of morphine or codein may be necessary. If the paralysis is complete, or even nearly so, the patient should be treated with Faradization, massage and

other local measures. Sometimes the injection of strychnine into the affected muscle will give relief after the pressure has been removed.

One of the common nervous manifestations is pressure on the nerves controlling urination. There is a desire to urinate frequently and the passage of the water is sometimes painful. This sometimes becomes so distressing that treatment is required. I have obtained my best results with corn-silk, eryngium, gelsemium, rhus tox and apis, with local applications of hot water.

Heartburn or overacidity of the stomach may be so severe as to require treatment and is generally relieved by bicarbonate of sodium or magnesia.

Severe headache is a symptom that should cause us to exercise great care as it is frequently the warning sign for convulsions, one of the most dangerous complications of labor. With me puerperal convlusions are of much more frequent occurrence than is indicated by medical writers on the subject, yet the fatalities have been very few, indeed. When we have the swelling about the feet, hands and face, with dizziness, severe headache, a scanty secretion of urine wih albumin we should watch the patient very closely and try to increase the secretion of urine and as far as possible relieve the symptoms. This is too large a subject to even more than mention in a paper of this kind, but I want to call your attention to the H. M. C. tablet which has given me better results than any one thing. Also the inhalation of chloroform and as speedy a delivery as possible if the convulsions come before delivery. The cases where convulsions come after delivery are more serious.

Chorea sometimes occurs during pregnancy and is of more frequent occurrence among those women who are subjected to the disease during childhood. An effort should be made by the use of bromides and other indicated remedies and proper diet and hygiene to control the disease. If these fail, however, and the condition becomes alarming it may be necessary to bring on premature labor or even an abortion. This sometimes occurs spontaneously and after the uterus is emptied, the trouble generally soon ends.

Insanity sometimes comes on during the puerperal state and we call it puerperal insanity. It is not clear, however, that it is always caused by the pregnant state as there are as many insane men as women. The treatment will consist of the most careful watching as to diet, hygiene, guarded exercise with cheerful surroundings. The bromides, chloral, gelsemium, hyoscyamus and other indicated remedies may be demanded.

Hysteria frequently occurs in the pregnant female and it sometimes taxes the patience of the physician, family and every one else concerned, to the utmost. If it is not controlled it sometimes terminates in insanity after delivery. The treatment is not particularly different from that of patients having the same disease, when not pregnant.

Melancholia sometimes comes on during the pregnant state and becomes an alarming symptom. The woman becomes depressed in spirits

and thinks that she will never live through the confinement. She may even have suicidal tendencies and require close watching to prevent her from accomplishing that purpose. While the treatment may require nerve sedatives, in some cases the best results are obtained by giving great care to the diet, hygiene, general health and surroundings of the patients.

There are a number of other nervous manifestations of more or less importance but time will not permit further mention of them. The field of this subject is large enough that volumes might be written on it, but I have only attempted to barely touch upon it. The one thought that I wish to impress is the power of suggestion as a relief or cure for many of these unwelcome nervous manifestations.

I am not going to recommend hypnotism to the subconscious state as I have had no experience with it but I am very certain that suggestion will be beneficial. This suggestion should be given by the nurse, family and friends as well as by the physician. I always try to impress on my pregnant patients the fact that pregnancy is a physiological and not a pathological condition and I try to treat it as such. I try to impress them that they will not have distressing morning sickness or other distressing symptoms. I try to have them believe that they will get through all right. I sometimes give them what I try to select as the best indicated remedy with the assurance that it will give relief and I think that the suggestion is frequently the best part of the treatment.

The husband, family and friends should be given instructions to make everything about the home as pleasant and cheerful as possible for the pregnant woman. While healthful exercise should be taken, overexertion should be avoided. All distressing stories and reports of the pregnant women who have had a terrible time should be avoided. Everybody with whom she comes in contact should try to make her feel that everything will be all right. This is, perhaps, often best done by paying as little attention as possible to the fact that she is pregnant and talking on other subjects.

While this treatment will not be applicable to all of these distressing nervous troubles, it will be beneficial to all pregnant women during a part of the period of gestation.

CIRCUMCISION IN THE BOY AND GIRL AS A THERAPEUTIC AND PROPHYLACTIC MEASURE.

B. E. Dawson, A.M., M.D., Kansas City, Mo.

Aristotle said, "Nutrition is the fundamental condition of all vital action, all living manifestation, all organizations, all growth and development, all activity, all successful human action—in a word, all life." We can more readily appreciate the value or importance of nutrition if we observe the awful havoc wrought by malnutrition—a list of maladies too long to insert in this article, but obvious at a moment's thought, like demons, serpents and

creeping things, marching before the distorted vision of the victim of delirium tremens.

The sympathetic system performs the vital functions which are independent of mind, and give us manifestations of the idea of life. It presides over the viscera, and dominates secretion, absorption, peristalsis, circulation, digestion, nutrition, etc. Byron Robinson has shown us, in his marvelous dissections, how richly the glans penis and clitoris are supplied with sympathetic nerve terminals. They receive numerous filaments, both from the sympathetic system and the pudic nerve.

Pathology in tissues supplied by the cerebro-spinal system, is manifested by the language of pain; pathology in tissues supplied by the sympathetic system, is made known by disordered function. The study of metastatic reflexes presents a field, rich with a harvest of valuable knowledge. Disordered function is most always reflex. Impingement of a sympathetic nerve terminal, be it ever so small, will send up a cry of distress, along the line of least resistance, which may ring up reflex changes in any organ, however remote, or invite jangling discord in the entire body household. The nerve mechanism of the foreskin and hood is closely intertwined with that of adjacent tissues, bringing them in close communication.

In view of the above statements, which are based on anatomical and physiological facts, the philosophy of the therapeutic and prophylactic application of circumcision, should be evident to any thinking mind. A redundant or tight foreskin or hood is inimical to the health and happiness of its possessor, regardless of age or apparent condition. Much of the disease and weakness, mental, moral and physical, of both sexes, may be prevented or relieved by proper attention and correction of pathological lesions of the sexual system.

In almost every case where circumcision is needed, there will also be found pathological conditions in the rectum or other sexual organs requiring attention; but that is beyond the scope of this paper. This field is so large it would take a series of articles to cover it. It not only touches the physical, but is interwoven into the moral, intellectual and spiritual side of the individual. In addition to curing and preventing numerous physical ailments, such a spasms, eczema, enuresis, indigestion, otorrhea, tuberculosis, acne, chorea, rheumatism, etc., this work prevents sensuality or turns it into a clean, healthy sexuality. Sensuality is the pleasant land of Egypt, where so many enter as invited guests, and remain to become slaves, gathering straw to make brick, with backs bent under the lash of the task master. It is an enticing land, and seemingly the whole world is in a mad rush to enter and dwell therein. Its air is soft and balmy, but full of deadly miasm; its fountains of clear, cool, sparkling waters are full of death-breeding germs. Sensuality is the soil that has produced the luxurient crop of mean, morbid and contemptible things in human history. Sexuality is a God-given creative force, pure and vigorous, producing inven-

tions and commodities that bless humanity. Great poets, artists, inventors, musicians and architects are endowed with a strong sexuality.

Our present generation is so saturated and influenced with sensuality, that parents, teachers and philanthropists are greatly alarmed. Congresses, institutes and conventions are being held in various parts of the country to seek a solution to this important proposition. Many methods of teaching and controlling the rising generation have been proposed and discussed, but they are all punctuated with interrogation points. Physicians visit our public schools and examine the upper orifices, heart and lungs for defects (which is commendable), but never mention the festering sore beneath the fig-leaf, much less examine it. Every moral degenerate, every sexual pervert, every drone, every imbecile, as well as those physically sick (chronics), will present pathological lesions at the lower openings of the body, causing sympathetic nerve waste and sexual irritation. Stop this nerve waste, remove this irritation, and you tune up the life-wires; you transform the child into a new being. The individual that is cross, cranky and peevish, has excuse for nerve waste in the rectum, sexual organs, or both. It is useless to talk to a child when he is sitting on a tack. Teaching and discipline are almost futile when there is a strong magnet continuously drawing the child in the opposite direction. Remove the magnet and you change this focus of attention. Please do not misunderstand me. I do not claim this work alone will cure or prevent. It will in many cases, but in most of them you will need many or all the aids you can get after this work is done.

To many of my readers the claims of this paper will seem vagarious. I am not a faddist, I am not riding a hobby, I am not lopsided; I am enthusiastic, but my enthusiasm is based on the confirmation of my experience. Experience of my own and hundreds of others, careful and honest investigators. I could fill this entire issue of the NATIONAL QUARTERLY with reports of cases showing the wonderful results of this method. A few will suffice.

Before reporting these cases, I deem it wise to remove some of the underbrush and tangled vines, that you may have a clear view of the field and work to be done. I wish to remove obstructions from the track, that you may not have a wreck. I wish to warn you of the danger of double-edged tools. Some of our most potent remedies for good are deadly poisons. You may at least bungle and invite failure. I have seen failure follow circumcision, performed by noted surgeons, where completing the work turned failure into success. I have examined cases, where the work was badly needed, which were later examined by surgeons of national reputation, who failed to find any pathological lesions needing attention. Gross pathology, where the patient complains, is readily recognized but rarely causes reflex trouble.

A prepuce should be free from adhesions to the glans and corona; it should extend no farther than the point of the glans penis; it should form

no constriction on the glans; it should retract easily, without pinching; there should be no thickened ring around its margin, otherwise, surgical interference is called for. The hood should not cover the glans of the clitoris; at least one-third of the clitoris should be exposed; it should be free from adhesions and smegma beneath its fold; it should be easily and freely retracted without constricting the clitoris; it should not be so redundant as to fold over laterally. Deviations from the standard here given need attention. This work is called for in girls as urgently as in boys. I have circumcised all ages from infants up to old ladies, and with results. A small meatus or short frenum in the male will produce reflexes as disastrous as those caused by a tight or long foreskin.

The following cases will illustrate the wide range of application and splendid results of the measure:

Case I.—Farmer's boy, aged six, had been troubled for some time with a psychosis, in which he imagined each evening that he would die before morning, and that any stranger who approached him intended to kill him. Examination revealed a long tight foreskin. Circumcision promptly and permanently cured this boy, without any other treatment. Every night for weeks he had cried himself to sleep with this dread, like a thousand incubi, hanging over him. Coaxing, threats and proffered rewards had failed to appease him. The first night after the circumcision he went to sleep without a mention of his dread; it was banished never to return.

Case II.—Baby girl, aged two, was brought to me from Oklahoma, for malnutrition, anuria and furunculosis. At times she would go 36 hours without voiding urine. At this time she had three red, angry-looking boils on her face, was very peevish and cranky. She had been treated by many doctors for many ailments, with no amelioration of symptoms. The clitoris was completely snowed under by an adherent hood; not even a pinhole opening at the glans. She was circumcised, adhesions broken up and smegma removed. In two hours the boils were markedly paled; in less than 24 hours there was a transformation of disposition; in less than 48 hours the boils had disappeared, except a small, dry scab over the seat of each. The kidneys began to functionate normally, nutrition was restored, and a fat, jolly little girl now gladdened the home, where the former child was such a care.

Case III.—Boy, aged nine, who had been troubled periodically, for four years, with gastro-enteralgia. He was poorly nourished, with pinched features and sickly appearance, much below par. His attacks were so severe that hypodermics of morphine were required to give relief. This boy was readily and fully cured by circumcision.

Case IV.—Mrs. A, widow, aged 29. This was a case of nymphomania of several years' standing. She was rather attractive in face and form, which made her fight for virtue more strenuous by added temptation. She said her sexual desires were so strong and constant she could think of nothing else. A hooded clitoris, adhesions and buried smegma were con-

tinuously ringing this little electric push button of the sexual system. The clitoris has a richer nerve supply than any organ in the body, in proportion to its size. This irritation was removed with complete success and desired results obtained. A letter was received to-day, full of gratitude, from this woman, who resides in another state. She said she felt as if she wished to go to the prisons and tell the inmates what I had done for her.

CONGENITAL PHIMOSIS.

W. Clay Jones, M.D., Kenton, Ohio.

Some degree of preputial adherence to the glans penis is said to be physiologic in the newborn. Ordinarily the adhesions disappear in due time. Only too often the usual things do not occur in this, as many other so-called normal conditions. We would say that very often the prepuce remains adherent and stenosed to such an extent that the glans can not pass through, consequently there is more or less retention of urine between the glans and prepuce, infection and decomposition of the sebaceous secretions, and, following this, an inflammation of the penis and adjacent structures. Inflammation having supervened, urination becomes difficult and very painful; the little one cries, squirms and strains, or fearing pain refrains from passing urine for several hours, often entailing later a cystitis, pyelitis, and not rarely uremic convulsions. On the other hand, this condition is frequently the cause of enuresis, priapism, masturbation, and a number of more or less reflex nervous phenomena, even more detrimental to health.

It would seem that the role of the physician in these cases should be in fulfilling the necessary prophylactic measures at the time of birth, before any of the more serious consequences may have been attained. In our own practice we have made it our duty and pleasure to look after this part of the anatomy of the newborn immediately following the care of the mother. Many times have we been repaid by watching a weakling develop into a strong and healthy boy. Then again we find it especially good for us when the family of some brother practitioner wanders into our office and is relieved of his anemia, his restlessness, and other symptoms. Whenever we see a child with pinched features, dull, anemic, restless, irritable, we feel certain that we have one that has some disturbance of the genitals; and it is surprising how many there are.

In mild cases after the prepuce is once loosed the nurse, or mother, by frequently pushing the same back and forth, after removing the smegma, prevents it from readhering. More often we find the adhesions quite firm and these must be broken up with a probe or the handle of a knife and kept loose by daily pulling back the foreskin and applying an antiseptic cooling solution, such as lead water or some antiseptic oil. In this manner good results are usually obtained in a few days. Sometimes repeated loosening and dilatation is necessary and then if the trouble still exists circumci-

sion only is left, especially is this so if the prepuce is hypertrophied or unusually elongated.

The writer did not attempt this paper with the expectation of enlightening, but possibly jogging the memory of some who have been neglecting this small task, which to me can accomplish results entirely out of proportion to the energy expended.

THE INFLUENCE OF FAITH AND FEAR ON THE MIND IN HEALTH AND IN DISEASE.

W. H. Morse, M.D., Hartford, Conn.

In a hall in Venice there hangs a picture of the Crucifixion, wherein behind the cross the ass's colt is feeding on a pile of withered palm leaves. A woman shades her face from the figure on the cross, and looking intently at the colt, faith lights her eyes. A priest regards the animal, and seems to start in fear. Faith and fear! In health and in disease!

All disease has a definite cause. Abnormal mental control disposes to acute disorders and chronic disease. There is theologic faith and psychologic faith: both dispose to influence if not induce this abnormal control.

The term *fear* includes pessimism, grief, anxiety, dissatisfaction, hatred, worry, and vacillation. *Faith* represents optimism, confidence, happiness, assurance, satisfaction, hopefulness, courage and determination. If we look at these expressions, we recognize that fear demoralizes the intellect, perverts sensation, intensifies pain, awakens erroneous impressions, indisposes to reflection, causes mental dyspepsia, demoralizes the imagination, interferes with judgment and reason, warps the temperament, stunts character, and unfailingly makes ready for disease. On the other hand, faith favors the normal working of the mental and nervous organisms, intensifies the higher mental powers, and makes for health.

Health is insured and disease is debased if one has a optimistic instead of a pessimistic inclination, happiness rather than grief, confidence than dread, trust for despair, hope for gloom, certainty for misgiving, love for hate, cheer for worry, courage for cowardice, determination for vacillation.

Faith and fear influence heart action. Faith increases and fear decreases its strength. Faith slows it, while fear increases its rapidity. If one has faith the blood pressure is normal; while if he is possessed by fear that pressure is greatly raised. Apoplexy is favored by fear and anger, while the apoplectic condition may be prevented by even temper.

The normal blood pressure in an adult is 123 mm. A convict, hunted by police showed a pressure of 190, while a convict who was promised pardon had it reduced at once by 45 mm. as soon as he understood. A young woman, after a quarrel with her lover, had her pressure raised to 170. Upon reconciliation it fell to 135, and soon to normal. A Jew who was suddenly financially embarrassed, had his pressure up to 180. After meeting his obligations it fell to normal. The religious Italians on their

return to Italy are wont to carry Bibles for their friends, and their pressure is high; while those who are irreligious maintain a reduced pressure, scarcely above normal. When the Greeks hurried home for the Balkan war, their faith sent their blood pressure bounding.

Faith and fear influence the vital resistance. Faith increases the red cells, increases hemoglobin, prevents psychic blood poisons, accelerates lymph circulation, assists in forming and disseminating antitoxins, aids in resisting infecton, creates soil unfavorable to germs, hastens repair, and promotes recovery. Fear decreases the red cells and the hemoglobin, favors anemia and blood poisons, retards the lymph stream, hinders production and dissemination of antitoxins, predisposes to infection, welcomes the germs, retards recovery, and diminishes vital energy.

Faith favors, and fear deranges secretions. Fear interferes with digestion; faith increases it. Holiday digestion is always good, while quick lunch digestion is poor. Faith increases cell nutrition and metabolism; fear decreases it. A person who has faith, breathes deep, regular and slow, while one who is obsessed by fear breathes quick, and with varying regularity. Faith lessens fatigue; fear causes it. The influence of faith and fear on fever is a matter of common observation.

All fear tendencies are toward mental despair and physical disease, while all faith tendencies are toward mental happiness and physical health. We all reap the physical rewards of faith and fear, depending on our reception of them. Faith is the normal and healthy state, and ever tends to make one healthier, happier, and better. Fear is incompatible with mental peace and physical health, and tends to mental, physical and moral derangement.

We have in faith a tremendous healing and prophylactic force, and disease has in fear her most loyal and legitimate factor. Emancipate the whole life from fear and its train of deformities, and put on faith, the substantial. The highest possibilities of faith and the greatest power of hope are expressed in the teachings of Christ. Both theology and psychology teach the possibility of a man securing a new mind, and both psychologic and Christian philosophy teach that what the human soul reckons itself to be, and what the human mind reckons that the body may be, eventually, that is just what it may become. Physical righteousness is a great aid to spiritual living, and spiritual righteousness is potential in influencing for physical welfare.

If the patient is possessed with fear, in any of its forms, manifestations and expressions, that makes for a poor prognosis. We are in duty bound to recognize the therapeutic power of prayer, no matter what the system of religion. Is not prayer the master mind-cure and is not religious faith the highest, truest, and best form of psychotherapy? If one has not a religion that emancipates from fear, is such an one religious? If he is rich in faith, is he not spiritually, mentally and morally efficient?

"FACE PRESENTATION."

By J. M. Wells, M.D., Vanceburg, Ky.

The writer has come to realize as age advances apace, as experience accumulates, and trials tease and torment, that the practice of medicine is not a trip down a violet-bordered path, a sugar-coated way, a predigested breakfast education. Raw eggs and gruel is the diet of cowards. A hand limply folded which can barely waggle, an oasis centered with the bubbling waters of intellectual conversation, fringed with the parsley of gastronomical verbiage has no place in the practice of the obstetric art; the inhalation of too much social ether may father a failure, beget a disappointment, and put a heart-reaching dent in our lump of joy.

Since our earliest knowledge of the obstetric art began, we have heard it lightly spoken of; and to earn the cognomen of being "good in the art" condemns the owner, and brings a smile of contempt to the face of a competitor. National suicide considered, the writer would rather be godfather to a thousand children, a helper in the preserving of their lives, promoting their growth, bringing them up as lusty, husky self-reliant, nation-promoting citizens of the republic, than to be President of the United States.

Face presentations are not common. Statistics vary from one in two hundred to one in five hundred. Of the causes, more than twenty are given. What occurs is extension, a too early departure of the chin from contact with the chest. Various methods of correction are recommended, which need not be recounted here, as they are fully explained in all authentic textbooks on the subject of obstetrics.

Whatever may be said belittling the art of obstetrics becomes as a feather's weight to the surgeon who has followed this line of surgery for several decades, no matter by whom said, or what degree of altitude they have attained in authority. The one who has followed this line of service, and has attended only a moderate number of lying-in cases and succeeded in safely passing his woman and babes through the ordeal, having adopted a plan pleasing to parents and people, has reached a pinnacle of proficiency not found or described in any text-book, modern or ancient.

After carefully reviewing, testing and trying the methods advised by different authors, the method the writer has found most successful is, podalic version. If one desires to avoid contusions, and lacerations, forceps must be left out of the case, for no matter how dexterously used, owing to the width of the grasp of this instrument on the fetal head, as it presents, contusions and lacerations are almost sure to occur. If the surgeon is called late, labor having been in progress some time, and the fetal head is found impacted in the pelvic cavity, forceps or craniotomy will have to be resorted to.

When called to a case of obstetrics the point to which we center our most efficient efforts is, dilatation of the uterine os; for full dilatation

of the os is *the* one thing desired, the one thing to make for a successful termination, no matter what may be the presentation, or position of the fetal vertex. Having performed podalic version successfully a number of times for various reasons, we enter with boldness and confidence upon the procedure.

Recounting a recent case of face presentation encountered will serve to illustrate or demonstrate somewhat the amount of physical endurance, skill, tact and patience needful to successfully terminate a case of this kind. Mrs. C., a short, stout woman, not obese, but extremely muscular, came down to her second confinement, and the writer was called. At first the presentation could not be clearly made out, after some hours, and much effort a dilatation of the os, to say two inches in diameter, was obtained, when we were able to recognize the brow, the eyes, the nose, mouth and chin, resting in the hollow of sacrum, in the order named. There was extreme extension, the occiput resting almost between the shoulders. After as much dilatation as we thought needful was secured, the patient was placed under anesthesia by chloroform, but not profoundly so, our right hand passed into the vagina, and several efforts made to restore the fetal head to that of flexion, this was done without extreme efforts but all efforts failed to retain it in that position when a pain came on.

We then explained to the husband the nature of the case, and informed him that podalic version, or turning, would have to be resorted to. The chloroform was increased and the maneuver entered upon at once; our only assistants were the husband and a nervous little woman, who left at once in search of more help. Passing the hand high up in the uterus, we found a foot, and did not try for a second one, but began traction with all the force we could command, which is not extreme when holding to a slick and slippery foot. Imagine if you can the effort required to hold both legs of a muscular woman, an inexperienced helper to administer the anesthetic, your shoulder wedged between the knees, your left hand holding the right ankle, with your right elbow you must fight off her left leg. Well, after much effort and vexation, and when we thought we should pull the foot from the leg, the head slipped out of the pelvic cavity and came around, and by the time the messenger arrived with help, we had a foot out so we could grasp it with a cloth, and the remainder of the work was easy, and we had the pleasure of hearing the babe cry. A few days restored the foot to a normal condition. The woman made a good getting up and all were pleased.

PROGRESS IN DRUG STUDY.

FINLEY ELLINGWOOD, M.D., CHICAGO, ILL.

Yesterday morning when Prof. Lloyd was reciting the things that were the cause of Eclecticism coming into existence, he mentioned the fact that the first reason was to do away with the severe and harsh 'meth-

ods of the time—purging, blistering, bleeding, and heavy doses of medicine. Thinking of my own topic, "Progress in Drug Study," there came to me at that moment the status of the old school to-day, in the study of therapeutics and in their methods, and I wondered how far they are from the harsh, severe and dangerous methods at the present time, and how much nearer are they to a systematic, straight, reliable, rational, reasonable course of medicine than they were one hundred years ago? When you come to consider the fact that there have been from 1,350 to 1,450 synthetic remedies introduced since 1880, most from Germany; when we consider the fact that there are deaths every day from toxins and from serums, and from the experiments that are being made in the introduction of serums into the spinal canal—how much less severe are these than the old methods? Is it right for you and I to think there can be anything attained that will be permanent unless it is rational, reasonable, in straight lines, consistent with all the demands of the human system, and that which will conserve the health and bodily vigor of the patient? Those who have not had access to the exchange literature have no idea how many deaths there have been through the investigations of these new remedies. I have a whole volume that was sent to me the other day, a good-sized book, that contains a short, brief history of a few—several hundred—deaths that have occurred in all the way from a few minutes to three hours after an injection of salvarsan.

Prof. Lloyd told us that we started out to give a milder, more exact method, a kindlier method—I always like to hear him use that word, and he does in nearly every speech he makes—a "kindlier" method of drug application, but he left out one important point. When a man introduces into mechanics a machine for any purpose, not until that machine has gone through every stage of testing for every part of the machine, and until it has been used in some way, so that nobody will get any harm from it, is that machine ever offered to the public as a perfect and complete thing. I went into a machine shop the other day that was built for no other purpose than to develop a cylinder by means of which the power that is now used could be most materially economized. That man had spent three years hard work on this, to find out just what it would do, and he said he was then ready to place it on trial under circumstances where nobody would be the loser. He had an apparatus for testing it, and when it passed this test no human life would be in jeopardy through its use.

Being backed by the sentiments of the great medical profession of the United States, the people are accepting a theory from the old school before it has had testing enough to try it on a cow, if you did not want the cow to die. And what has been the result? Look at the long list of cripples, the imbecility, paralysis and death that the scientists of to-day will never be forgiven for in testing these remedies on a theoretical and not on a practical basis.

We began with the use of our simples. We began by taking the flax-

seed poultice and catnip tea and the more simple preparations and using them little by little, and we have watched the physiological action of each one of these remedies on the human system, and we have been enabled to obtain from our observations a knowledge of a reasonable, rational, uniform, persistent line of action that is not for to-day alone, not for to-morrow alone, not for this patient or for that patient alone, but it is like the underlying truths of the universe—it is eternal; it stands for all time. What have we got? I feel like a Methodist when I think about what we have really accomplished, I feel like saying, "Glory to God!" for the things we have accomplished for humanity and for the salvation of the bodies of men. There are many men consecrated to the salvation of the souls of men, but one of the first things Jesus Christ did on earth was to attend to the bodies of the poor and see that they were all right, and our mission is just as sacred as that of the minister of the Gospel if we are trying to follow the principles of Jesus Christ.

We have gained our present position step by step, step by step, because of prejudice. Because of prejudice nothing we have done would be acknowledged, if they could help it. The other day one of the most prominent doctors in New York advocated a flaxseed poultice for the cure of a boil. Looks as if they would get back to first principles after awhile.

Now, what are we doing at the present time in the points we have gained? We have, I think, gained a great many points in the last ten years, but I want to call your attention to dosage. We have not been able to introduce new remedies, for we have not found many new remedies. We are perfecting those we have. There is not a doctor here who will contradict me when I say that with the exception of a few points he feels strong in almost everything he undertakes to cure; he feels that we have good remedies and good measures. There are a few very important things that we have yet to determine, but in the main, in his everyday practice, he feels strong. We have these things settled, therefore we are looking back to the remedy itself, proving it and proving our diagnosis, to be able to fit with more accuracy the remedy to the exact condition. Prof. Scudder taught us some splendid things, for instance, a conservative use of gelsemium, but I think most doctors have increased their dosage of gelsemium, and we find we get better results. Sometimes a small dose is best, and sometimes we give a large dose. This is true of many remedies. We find we can increase veratrum to a point that would never have been thought possible, and obtain absolute and certain results. There are times when we must learn to depend upon these larger doses. Take cactus. We have been told by the old school that muscular troubles, dilatation, valvular difficulties of the heart are incurable. We have given cactus in increased doses with other remedies until we have taken cases where the dilatation was one-half the size of the heart, and after a few months found no trace of the original difficulty at all. Of course the other physicians would say that that patient had no heart trouble at all. But we have got to the point in

our drugs where we can say with confidence that we can cure these valvular troubles just as easily as many other diseases we cure. If we give our remedies with confidence we can cure them.

If the old school would accidentally run across something that would give such results to them as lobelia hypodermically has given to the Eclectics in the last seven years, the sentiments of the profession would be turned bottom side up, and they would have the greatest thing in the world, and no man, no line of investigation in medicine or science ever had done so much as the allopathic school had done—if they had lobelia to brag about. I want every man here who has ever used lobelia to write to me in the next three months about your experience, and see what will come of it.

DISCUSSION.

Dr. Dean: I consider that lobelia is the remedy used more than anything else, at least in my hands. I give it for almost anything where I want something to quiet and stimulate at the same time. I often give it in large doses. For instance, in pneumonia, in the stage where you have a restless excitement, high fever and rapid pulse, I put a teaspoonful of Lloyd's lobelia in a glass of water and have the patient drink it, and in that trouble if you give such a dose there is not one time in ten that the patient will throw it up. If they ever do, I just wait awhile and give them a little vinegar in water, and in a half hour another dose of lobelia, and in two hours you will have a good sweat, the nerves will be relaxed, and the patient will be quiet, and pretty soon he will begin to raise some of that dark pus, whereas under allopathic treatment it will be days before you come to that.

Dr. Woodward: Lobelia is a specific remedy. Why? We have scarcely any sickness that is not accompanied by contraction, and because lobelia has become a specific to be relied on for relaxation, we use it. Now in these cases of pneumonia, what takes place in these patients that die? Contraction, every time. Cold contracts, warmth relaxes. One of the most important points in treating pneumonia is to get expectoration—that is what we thought years ago. But to-day the most important thing is to get reaction. We need artificial heat in some form if a man is below 103.

Dr. Welty: I think I owe my life to lobelia. I had double pneumonia three years ago, and everybody except the Eclectics said I would die, but they gave me lobelia internally, externally and eternally, and saved my life. I am satisfied it has a place and is one of the greatest drugs we have.

Dr. Sherman: I think Eclectics practice medicine, as Dr. Ellingwood says, with a great deal of confidence. They feel strong because they know where they are. These remedies have been tried and their use established. I feel sorry for those who have no established materia medica, and while our allopathic friends are working very enthusiastically, as they do everything, yet I think they are on the wrong track. They are endeavoring to find a serum for everything, as they have for smallpox, and as they claim for diphtheria, and in the meantime they are at sea. They are using our medicines much more than we are. In a conversation with Prof. Lloyd I spoke of the allopaths using our medicines, and he said that out of fifteen bottles of Eclectic remedies they sold fourteen bottles to allopaths. That is a tribute to the worth of our medicines, and an acknowledgment of their inability to furnish something as good.

Dr. Barker: In support of what Dr. Sherman has said, my observation is that the allopaths are taking advantage of Eclectic research. I speak of what I see and know in my locality. I know that lobelia is being used hypodermically by the leading allopath physicians of our city; the specific remedies are being used by the leading physicians of our city. Dr. Ellingwood's materia medica and therapeutics is on the table of our leading allopath physicians. I think we have reason to feel encouraged. We are not only making progress in our own school, but in other directions, and the time is in sight when the lion will lie down with the lamb.

Dr. Ellingwood (closing): There are some very important points brought up here. Now as to pneumonia, and the different stages, I think we should remember that in an acute case of pneumonia there is primarily congestion of the lungs, in a large majority of cases, that is not in the inflammatory stage, and it must be treated as the congestive stage at the first. That is why a great many of the old school methods are unsuccessful—they do not realize the primary congestive stage is different from the inflammatory stage. Lobelia relaxes the capillaries, promoting an inrushing of the blood, and that is the reason it is so successful.

This idea of being strong in what we have confidence in, has a reactionary effect. There are about 125 doctors registered here, and there should have been 400 to 500. I believe there are twice as many as that who stayed at home simply because they feel "I am so sure in my knowledge of my medicine that I will not get any suggestions that will be of benefit to me." They do not buy literature any more—there are a whole lot of Eclectic physicians in the United States that read very little Eclectic literature. They began with a thorough course in college, and their clinical experience has been so important and so positive, and they have their own records, they have written their own books, they are following their own studies, and curing their own patients so much better than the other schools that they do not have to go outside to get any more.

I do not know how it will be when the record is made up above, maybe they will take the whole medical profession together, and in that way maybe the allopaths, instead of being scored for the thousands of deaths from serums, will be given credit for the thousands of lives that have been saved by their use of lobelia in the last seven years, that would otherwise have died.

One other word. If any of you think you can accomplish anything by going into the old school ranks—forget it all, when you think of the fact that counting from the letter A in the alphabet, the success of our school from the time we started has been one step after another ahead—eternal advancement, advancement. Remember that we are sure of our remedies, instead of having from six to nine thousand remedies that we know nothing about. And if the day ever comes when any pessimistic regular shall convince you of the fact that Eclecticism has gone out of existence, remember there has been a seed sown that can not die, because it is truth. (Applause.)

INTRA-UTERINE INJECTIONS.

Chas Woodward, M.D., Chicago, Ill.

"Intra-uterine injections" is a specific method of washing out the cavity of the uterus, by an interrupted stream, with a half-ounce syringe through a recurrent douche. Intra-uterine irrigation is a method of washing out the cavity of the uterus by a continuous stream, from an elevated reservoir,

through a recurrent douche. Does it matter which method is used for treating the great variety of diseases that are acquired by the uterus? Practical experience has proved that it does—that there is a vast difference in results.

Whenever intra-uterine injections are properly applied the cervix requires very little dilatation; it is painless and soothes irritation, does not cause uterine colic or shock, and produces asepsis for forty-eight hours—a most efficacious and harmless medication. When uterine irrigation is properly applied the cervix requires more dilatation and causes more pain, and sometimes starts irritations that result in either colic or shock, with a rise of temperature. These effects, therefore, make the latter an unreliable treatment.

The efficacy of the irrigation method has been tested from time to time for more than five hundred years without adding any improvement to gynecology, and has been found an unreliable and disagreeable treatment to apply. The uterine injection method, with the half-ounce syringe, has been tested by hundreds of physicians for from ten to thirty-five years, and has contributed to gynecology a specific treatment for all uterine diseases.

The use of peroxide of hydrogen from an elevated reservoir is liable to cause uterine colic, and is without diagnostic importance. On the contrary, when used in intra-uterine injections, with the half-ounce syringe, peroxide forms a diagnostic feature of great importance and never causes uterine colic.

On account of the time required for preparing and applying the irrigation method, few physicians have used it sufficiently to observe the reciprocal influence existing between uterine diseases and elimination. The short time required to prepare and apply uterine injections has given many physicians an excellent opportunity to observe this reciprocal influence. Again, few physicians have practised the irrigation method sufficiently to observe the length of time a treatment protects the system against reinfection. Practitioners who have applied uterine injections have observed that the system is protected by one treatment from all forms of uterine reinfection for forty-eight hours, except in acute metritis, when twenty-four hours is the expiration. The employment of eight ounces of a medicated solution by injections will produce as great a revulsion of uterine metritis as five gallons of water will by irrigation.

Intra-uterine injections can only be fully appreciated as a specific and indispensable addition to gynecology by physicians who successfully treat chronic diseases. To show how uterine injections exert an almost magical influence in absorbing and overcoming many diseases, we will consider a case of cancer of the uterus.

On March 5, 1913, a woman, aged forty-two, came to Chicago from Indiana to learn the cause of amenorrhea, backache and nervous exhaustion. An examination determined enervation, anemia of the blood and

capillaries, white coating of the tongue, slow, weak pulse, loss of appetite, loss of weight, dry skin, backache and general weakness. Vaginal examination disclosed the posterior wall of the uterus enlarged, depth five inches and fixed, or immobile, and a brown, sanious discharge with offensive odor. Two years previously she had come to Chicago and had a two-months' conception growth curetted from the uterus, returning home within twenty-four hours. This method of abortion had started an unconscious irritation which, causing an unconscious reflex determination of blood to the uterus, developed into a cancerous growth.

The patient was questioned in regard to four conditions of her system, as follows: How long had she had a poor circulation, sallow complexion, fatigue and predisposition to colds? The answer was, as long as she could remember. Here was a woman affected with four permanent perversions which had weakened the physiological functions, until an unconscious irritation started a reflex determination of blood to the uterus, which was ready to develop a growth or some local degeneration. It may then be safely stated that when individuals are affected with permanent perversions almost any unconscious irritation may start a reflex determination of blood and develop a growth. In order to cure growths considered intractable by application and therapeutics, we must know what irritant and artificial foods overstimulate cell activity and result in partial ptosis. Partial cell ptosis weakens every fibre in the body, which develops permanent perversions of the nervous and circulatory systems. These perversions weaken other functions, as electrical energy, resistance, absorption and repair.

Great importance is given to resistance. What is the difference between resistance and absorption? With little resistance there is little absorption, and vice versa. Suppose that resistance and absorption are greatly weakened, that there is determination of blood to a growth, and an operation removes it: will the operation restore resistance and absorption, and inhibit the determination of blood to the seat of the growth?

Treatment.—The general treatment in the foregoing case consisted of a non-irritant diet, including fruit acid at every meal. Medication of 1-50 tablet of strychnia was given before meal. Four tablets of Reed & Carnrick's protonuclein were alternated with Kali Mur 3X tablets; the skin was stimulated with hot ammonia baths twice a week, and dry towel rubs every morning followed with unctuous applications. The application of these instructions restored the capillary circulation, transpiration accompanied with an inoffensive odor, and a clear complexion.

The local treatment consisted of washing out the cavity of the uterus every forty-eight hours with an alkaline antiseptic, alternated with peroxide of hydrogen solutions and followed with a solution of iron sulphate. A piece of absorbent gauze, with a string attached, saturated in a solution of iron sulphate was inserted into the cavity of the uterus to remain for forty-eight hours. The following stimulating mixture was used to assist local absorption, and health was restored after two months' treatment:

℞ Magnesia sulphate ℥ iii, boracic acid ℥ iv, specific phytolacca ℥ iv, aqua ℥ viii, glycerine ℥ xiv. Mix. Sig., saturate a pack of absorbent wool or cotton, with a string attached, and insert against the cervix, to remain forty-eight hours.

The case herein described clearly illustrates what can be done with uterine injections in absorbing a cancerous growth of the uterus.

The true importance of therapeutics will be recognized as soon as enervation, destruction of the capillaries, sallow complexion, fatigue and predisposition to colds are considered as causes that diminish resistance and obstruct absorption.

DISCUSSION.

Dr. Hufnail: I wish the doctor would tell us whether he had a microscopical slide made, so as to be sure this was cancer. The treatment is fine, but I would like to know for a certainty if he had a pathological demonstration that that was cancer.

Dr. Woodward (closing): I think in giving uterine treatment, and in meeting these cases and observing them, I can tell if a patient has cancer as well as the surgeons that cut them out.

SMALL THINGS THAT MAKE UP A SUCCESSFUL LIFE.

W. E. Daniels, M.D., Madison, S. Dak.

If I were to ask the younger physicians present how many of them wished to be a success in life you would answer what a foolish question, for there is not a man with a drop of good red blood in his veins but what wants to be a success in life.

But what is success? If it is to gain riches then I am safe in saying that 99 per cent. of us want to be successful. But are there not other things that are of more value than gold and silver? The good book tells us that we are not to lay up our treasures on earth but rather in heaven. So I take it there are many things that enter into a successful life. And what are some of them?

No man can be a success in life with a wienerwurst for a backbone, and we have a great many Eclectics whose spinal columns are so gelatinous that they can not face the waves of adversity, hence drift with the crowd. I know graduates of Eclectic schools and whose success as physicians is due to the teaching of our great school, that are so pusillanimously wobbly and weak in the backbone that they shake for fear that someone will find out that they are Eclectics.

It is this class of our graduates that join the A. M. A. and agree to not practice any class or system of medicine. To me they are nothing but human lobsters. They get washed upon the shores of popularity, and have not got gumption enough to crawl back and face the waves of adversity that really means life to them. Get a backbone, brother, and stand up like men and face the music as a good soldier.

Character. Individual character is an essential thing to a successful life. You are each a cog in the great Eclectic machinery, and should either

of you fail to do your part, however small that may be, then is our work incomplete. Harmonize yourselves so that we may work together to the best advantage and each do his part in directing our great work. Then don't be a grouch. I think it was Charles Lamb who said, "A laugh is worth a 1,000 groans," and a long-faced funeral doctor has no place in the sick room. If you can not take sunshine into the sick room, stay out.

Don't worry. You will get grey-headed quick enough; and worry really incapacitates you for your best work.

"Smile and the world smiles with you,
Kick and you go alone.
For the cheerful grin will let you in
Where the kicker is never known."

If your competitor is doing better and more work than you are do not grouch, and find fault, but get out and prepare yourself better for the work that comes to you. Remember this, you will never rear a very great and lasting structure on the foundations of your brother practitioner's downfall caused by your slanderous tongue. Do you not remember the old adage, "People who live in glass houses—should not take a bath in the day time."

Spare moments. If our spare moments were properly utilized what a knowledge we might gain, and what good we could do. Spare moments not properly used are the breeders of bad and expensive habits, and I believe that much of our failure in life, as physicians is due to bad, dirty, and filthy habits. If there is any one thing that is disgusting to a clean and refined lady or gentleman, it is to see one's family physician squirting tobacco juice right and left when he is walking the streets, to say nothing of being compelled to smell his dirty foul breath when he is making an examination. Personally I would fire him and get a lady physician even if she did use snuff, and powder.

I need not call your attention to the liquor habit. No man ought to be allowed to practice the healing art who indulges in the use of alcoholic beverages and I give you warning here and now that if you ever come to South Dakota to take the Examining Board and the smell of liquor is detected on your person or breath you have "flunked the Board." That is if I am a member of that august body which I happen to be at present. If there is a gilded stepping stone to failure it is the pool room, and the dance and billiard hall, and if you add to that the card parties and gambling dens you are doubly sure of failure.

Do not spend your time in useless and harmful things and do not imagine that there is nothing more for you to learn. It's the knowing man that knows enough to know that there is lots that he does not know. I have had the privilege of educating nine doctors. None of them use liquors, none profane language, and only one uses tobacco, and all have a splendid business and getting wealthy as we count wealth. I often tell the classes that come before me for examination to obtain licenses to practice

in the State of South Dakota, that they can and will make a success of their profession and have a competency after practicing twenty years, if they will attend to business and cultivate good, clean habits.

Then there are many little things in our professional lives that go to make a successful life. Some we have never learned, and some we have forgotten. I was taught how to make a hip-joint amputation, but never taught how to cure a stye. I have had 17,000, more or less, styes to treat but as yet have never made a hip-joint amputation. I was taught how to do an appendectomy, but my teachers did not tell me how to treat boils, and I have treated more boils than Job and all of his family ever had.

I won a whole neighborhood in my early practice because I was called to a family when the regular attendant could not be had. The case was one of peritonitis and the doctor had ordered cloths rung out of hot water and laid over the abdomen. Well, all the women in the neighborhood had their hands so scalded that they could not keep it up longer. I told them to dampen the cloths then use a hot flat-iron and iron the cloths until they were hot, and they said any doctor ought to have had sense enough to tell them to do that, and I soon had a whole neighborhood because I used horse sense.

And then kindness. It costs so little to be kind and it reaches so many hearts. Do you not remember this little poem that we were taught so long ago,

> "Hearts, like doors, open with ease
> To very, very little keys.
> But remember that two of these
> Are 'thank you sir,' and 'if you please.'"

Last, but not least, finances. Do good work and then collect what you have rightly earned. No man ever has or ever will make a success in life financially speaking, who undercharges for his work nor will he make true and lasting friends by not collecting.

If you want to lose your practice let your patients get a good bill on you and you fail to collect, and, my word for it, when another doctor comes to the town your patient will be one of his first.

If the bill can not be paid in cash take a note with interest, secured if possible, and see that it is paid when due, but settle and save friends.

Do not wait to settle your bill till John Smith pays you, but pay your bills and see that John Smith pays you. Do business on business principles and sentiment will take care of itself.

I realize that it is easy to take things as they come, but remember that dead fish float with the stream, but it takes a live one to swim against the current.

DISCUSSION.

Dr. Ashbranner (New Albany): I would like to ask how he collects?

Dr. W. B. Church (Gary, Ind.): When I first began practicing in Michigan I did not know anybody there, but every time I started out and met anybody I would speak to them in a pleasant way, especially a farmer

coming in from the country—and the Lord brought me practice.

Dr. Carriker (Nebraska City, Neb.): I endeavor always to be pleasant, and I have on my door, "Come again. You are welcome."

Dr. Daniels (closing): As to collecting, I use an automatic shot-gun. I think one trouble in collecting is that we let bills run too long. But in our State we have an advantage over many other states. A doctor bill is not due nor can it be collected by law within six months after service is rendered; but when the six months shall have gone by it is like a chattel mortgage—nothing is exempt, perhaps a cow and some few kitchen utensils. I do not want you to understand that we force our collections, but we do not allow them to run too long. Collect as you go. It is right, and proper, and just. You ought not to withhold your services from any needy individual; give a man your services when he needs them, and when he is able to pay, see that he pays.

EXOPHTHALMIC GOITER.

RESULTS OBTAINED THROUGH THE VISUAL-CEREBRAL CENTERS.

Zell L. Baldwin, M.D., Kalamazoo, Mich.

Some years ago I presented a paper at this Association on "Eye Strain in Chronic Diseases," showing the close relation between the visual centers and several chronic diseases, where the affected parts receive their nerve supply through the optic centers. We believe that insufficient attention is given to eye reflex disturbances, both by the general practitioner and the oculist, especially to those diseases arising from the extrinsic muscles. We do not think that in the last five years we have seen half a dozen cases of fittings for motor defects. We make no pretentions at being an expert in this work, but we do know that we have a most successful adjunct in the correction of motor and visual eye strains.

We will not attempt to deal with our subject in its entirety, but to refer more especially to one phase of its treatment which we believe is sadly neglected, for exophthalmic goiter is surely and slowly increasing with the increased nerve tension of society. Surgical procedures do not give the systemic results desired, many times giving no benefit, but rather injuring the patient's chance to overcome a morbid mentality by interfering with a normal secretion of this most important gland. General medication is unsuccessful—there are no specifics—thus giving rise to the general "do nothing" policy, which allows the disease to pass on to the asthenic stage where complete recovery is impossible.

Prentice remarks in the preface of "The Eye, Mind, Energy and Matter," that, "In the union of health adjuncts and the absence of pessimism there is no such thing as incurable disease," and, again, "Of all the organs of the body, the eyes are most capable of demanding and getting an *excessive share* of the general fund of nerve energy from the human power house." If there can only be a given amount of energy created daily, necessarily other organs must suffer from inanition. Our civilization is constantly demanding more from the eye centers. Long, parallel vision has

given way to vision across the street, and to the rear, vision in factory and office, until there is almost constant overstrain of the optic division of the third and fifth nerves, which evidently exhaust their nerve sources, also depleting other nerve terminals whose origin are as closely related as the interwoven roots of two trees.

While the energy of over two-thirds of the brain is used for the visual centers, the parts more intimately connected with the muscular imbalance are at the aqueduct of Sylvius and the floor of the fourth ventricle. Closely connected with this portion of the brain are the restiform bodies, which Gautiere and others have shown to be involved in exophthalmic goiter, its irritability corresponding to the amount of endointoxication present. The origin of the par vagus, which supplies both special, motor and sensory functions to organs most prominently affected in this disease, also is closely related to the extrinsic ocular nerve endings.

Sajous very tersely says that, "Basedow's disease is due to continued presence in the blood of many poisonous substances, the toxins of various germs, toxic waste, such as accumulate during fatigue, menopause, etc., which persistently excite the test organ and through it the thyroid gland and adrenals, causing marked congestion and swelling of the former and hyperactivity of the latter, and, therefore, excessive metabolic activity, the characteristic of the sthenic stage." We believe this to be true, but we also believe that the irritable and exhausted visual centers, reflexly, exhaust the test organ and the restiform bodies sufficiently to interfere with the function of the thyroid until it is unable to cope with the indotoxins without hypertrophic activity. We can prove it, and, rather than continue the "do nothing policy" and the surgical interference with the *effect* rather than the *cause,* let us get together, surgeons, internists and oculists, and see if we can not "frame up" for quick, positive results. Do not misunderstand me regarding the surgeon; many times he should come to the case as a helper when there are tumors present or an excessive fibroid change; but he is not the whole thing by any means, as shown by the post-operative results, mentally and physically, in our large clinics, together with a further report of the family physician and the patient.

The disease is largely among females. Their indoor life, lack of long distance vision to strengthen the eye centers, corseting the normal movements and functions of the abdominal organs, restraining secretions and excretions, thus filling the bodies with toxins, and no wonder the poor old thyroid becomes overburdened and balky.

The central idea in relieving systemic troubles through the eye centers is to overcome the visual and muscular strains by adding plus lens so that rest will replace the full visual capacity by "the fogging," and by adding prisms to overcome the latent phorias, principally exophoria, making a full tenotomy when about twenty degrees are reached, or until the whole latent condition is overcome. The "brain fag" is also relieved, the normal energy then goes back to the other exhausted cerebral centers.

In the brief report of the following cases we believe that we can prove to you that the removal of the reflex visual disturbances, together with free toxic elimination and increased oxidization, together with the guarded use of glandular extracts to supply the natural deficiencies, will easily and permanently give you satisfactory results.

Case 1.—A. McC., Detroit, Mich.; lawyer, aged 42. Brought to the sanitarium three years ago with exophthalmic goiter; first symptom two years previously, at which time he weighed 167 pounds, with good habits and good health previously. The disease progressed so rapidly that three months before coming here one lobe was ligated with no results whatever. Entrance examination showed weight, 140 pounds, exophthalmus marked, eyelids partially paralyzed, vision normal, latent hyperopia, manifest exophoria four degrees, eyeballs tense and painful, insomnia marked, mental symptoms bordering on illusions, muscular instability with trembling, no appetite, urine normal except an excess of phosphates, hemoglobin 65 per cent., blood pressure 190, pulse 140, full, bounding and irregular, thyroid not large but tender, examination showing an unusually severe male case.

The vision was at once "fogged" by a plus 1.50 D to 20/40, and the exophoria developed with a 12-degree prism base in. Within two hours the blood pressure reduced to 140, the pulse to 110, softer and approaching regularity, never going above these ratings after.

The patient had been taking soporifics before, but after the prisms had been applied, normal sleep at once followed.

Within a week or ten days, the fogging remaining the same, prisms were crowded to twenty degrees, when a full external right tenotomy was performed. This took up all of the latent exophoria. The fogging was continued for several weeks, when normal vision was given him with a plus 1.00 lens, which he still wears. Examination in two weeks showed weight 151 pounds, marked reduction in exophthalmus, eyelids closed normally, no insomnia, mental symptoms normal, muscular condition greatly improved, appetite ferocious. Thyroid nearly normal, slight throbbing of the carotids, blood pressure 140, pulse 95 to 110, regular, hemoglobin 72 per cent. At this time an intravenous injection of phenoxalin, No. 2, was given, which greatly increased the urinary solids and checked the phosphates. A second intravenous was given in about three weeks. The only internal medicine given was the glycerophosphites as a cell builder. From this time on the patient made an uneventful recovery; was back to his desk in four months' time; now weighs over 200 pounds, working hard and in the best of health.

Case 2.—Mrs. G. W., Chicago, Ill., aged thirty-six, stenographer. Exophthalmic goiter and pulmonary tuberculosis. Goiter appeared during pregnancy, twelve years previous. Slowly developed for five years. Exophthalmic symptoms the following two years. Pulmonary tuberculosis right apex, first stage. Exophthamia not severe, the protruding eye the only marked symptom. Vision normal, never worn glasses, occasional frontal

headaches; very nervous, but no mental unbalance. Thyroid enlarged about six times the normal; carotids full; occasional difficulty in swallowing; insomnia marked. Blood pressure, 140; pulse, 120 to 150; attacks of dyspnea frequent; respiration, 28 to 32; temperature high, 99.6° F.; severe morning cough, with one ounce heavy expectoration. In the same manner the vision was fogged to 20/30. The latent exophoria was brought with the prisms. External rectus tenotomied when twenty degrees was developed, requiring about three weeks' time. Two intravenous injections of phenoxalin, No. 1, were administered from one to four weeks after the eye treatment was begun.

Examination just previous to the intravenous injection showed the thyroid reduced one-half, the exophthalmia lessening, blood pressure 135, pulse 100 to 110, dyspnea greatly relieved.

After the first intravenous injection the respiration dropped to 22, temperature normal. This case progressed very rapidly. She was doing house work eight weeks after treatment began, and an examination some eight months afterward showed an entire recovery from both diseases.

Case 3.—Miss M. M., Sabina, Ohio, aged 22, elocutionist. This case of Basedow's disease began, when twelve years of age, by peculiar confused mental symptoms, although before this she had severe headaches at seven; began wearing glasses at eight. History of ovaritis and irregular menstruation. Normal weight and well nourished. Thyroid began to enlarge February, 1913, at which time she had a nervous breakdown, mental confusion and severe headaches for three or four months. The last month before coming here, April 24, 1914, the special senses were markedly dull. Examination showed hemoglobin 75 per cent., pulse 134, blood pressure 195; circumference of neck, fourteen inches; vision, 20/30; insomnia marked for some weeks; paralysis of eyelids for two months. Vision fogged for two months. The above history was taken by three physicians visiting us at that time, who became much interested when they were told that the marked symptoms of this case would be reduced in forty-eight hours through the visual centers alone. Her vision was fogged with plus 2.25, combined with thirteen degrees of prism base in; a few hours afterwards showed the pulse at 100, blood pressure 135. The forty-eight hour examination showed the pulse 100, blood pressure 135, circumference of neck, twelve inches, capillary circulation greatly increased; sleep was normal, nervous system much less irritable, with lessened ovarian pain. To eliminate the toxins and increase the oxidization, phenoxalin, No. 2, was injected intravenously at this time, and again in three weeks. The eye treatment was carried along in the usual manner to twenty degrees, with full tenotomy of the right externus, which did not relieve all of the latent exophoria, and prisms were again used, bringing out twenty more degrees, and a full tenotomy on the other externus. The case was kept here eight weeks, returning home wearing a plus 1.00 D, vision 20/30, pulse 85, blood pressure 130, circumference of neck, eleven and one-half inches, only a small hypertrophy remaining; hemoglobin 85 per

cent., paralysis of lids overcome, a slight exophthalmus still existing. Menstruation approaching the normal. A month after treatment was begun, Buckley's uterine pill was given three times daily, and two 2-grain calcidin tablets, both being kept up for about three months. Recent report from the case says that she does not know that she has a single bad symptom.

Case 4.—Mrs. E. B., Coldwater, Mich., aged twenty-nine. Sick for two years; frequent sharp pains in and around the heart when lying down, tenderness over stomach and around the seventh cervical; has worked very hard and been very nervous. General examination: Mitral valvular insufficiency marked, constipated, irritable rectum, anemic, hemoglobin 75 per cent., weight 94 pounds, goiter treble normal size, tender on touch, vision 20/50, due to myopia. Sleepless from constant dreaming; pulse 130, blood pressure 130. A plus 75 lens cutting the vision down to 20/80, combined with ten degrees of prism base in, overcame the myopia, bringing the vision up to 20/30. In a week's time the pulse was reduced to 100, blood pressure remaining at 130, the pain and tenderness around the heart and over the seventh cervical was almost entirely relieved. The goiter showed a slight diminution, the weight increased to 97 pounds, capillary circulation good, enjoyed restful sleep. Two intravenous injections, three weeks apart, were given. Rectal dilation with removing of pockets and papilla. Hematone three times per day for a cell food; usual eye treatment to overcome the exophoria present, showing the following results four months after the treatment was begun: Pain in and about the heart entirely gone; normal condition of stomach and bowels, no spinal tenderness, thyroid gland normal, weight 112 pounds, normal sleep and nervous system; doing all but the heaviest farm work. The interesting point about this case was the fact that the mitral valves are acting almost normally. Vision, with 75 plus lens, normal.

The above are only a few cases taken at random. Marked relief has also been given to hypertrophied thyroid glands containing cystic or fibroid tumors. Many cases of simple goiter in young chlorotic girls, also in the asthenic stage of this disease. It is interesting to see the marked falling of the blood pressure in this disease immediately following the eye repression treatment, as it is in the high pressures of Bright's diease.

Finally, let the general practitioner before he diagnoses neurasthenia, take a peep at the thyroid first, even though it may be small. To eye symptoms, even if the vision be good. To the unsteady heart action, even if every valve be perfectly ground. To the mental instability, even though the mind may be hyperactive at times.

Let the oculist fog the vision, lessen the blood pressure and tachycardia, as previously described. Let the surgeon avoid interfering with the function of the gland as much as possible when it is hypertrophic only, and to save as much normal tissue as possible when tumors, with marked fibroid changes, or great hypertrophy, necessitates his master touch. But, Mr. Surgeon, do not tell your case, "You will be all right just as soon as the wound heals,"

but "We have lessened your burden, the gland can more nearly perform its function; go back to your doctor for a clean-up, and to your oculist for relief of the brain centers."

DISCUSSION.

Dr. Kinnett: I would like to ask Dr. Baldwin if he commences at the bottom and goes up, or commences with ten; also if he treats any other than exophthalmic goiter with the treatment that he speaks of?

Dr. Vitou: I would like to speak of the injection of the tuberculin drug that he mentions. Dr. Baldwin uses a tuberculin drug that I think ought to be brought to the attention of this society. I have treated several patients with this drug, and it is well worth the attention of this society.

Dr. Baldwin (closing): Regarding the question of gradually increasing the treatments, you have to begin low down. Sometimes in a few days we have to drop back perhaps three or four degrees and then run up again. Regarding the drug the doctor speaks of, I think I have bored the society two or three times along that line, and, while we are still using it and getting good results, not only in tuberculosis but in any case where we want a bactericide, I use this intravenous treatment in connection with some of these goiter cases, more especially as an eliminant. It is a powerful eliminant.

XANTHOXYLUM FRAX.

S. B. Munn, M.D., Waterbury, Conn.

I have wondered many times in reading medical journals, that so little is said and so little known of the value of this remedy. In Beach's work he says, "Prickly Ash Bark (Xanthoxylum Frax.) possesses very energetic stimulant and diaphoretic properties; in many cases rheumatism has been cured by the protracted use of the remedy."

In my own practice I have known many cases of indigestion, especially in an atonic condition of the stomach and bowels cured by this remedy alone. I cured myself of blind headaches with it. For years I have carried a small bottle of the remedy in my hip pocket and when I felt the symptoms coming on, would resort to the remedy, in a short time the blindness would disappear and no headache would follow.

One of our leading business men, sitting beside me in the theater, one evening complained of headache. I took the bottle from my pocket, handed it to him, and told him to take a swallow. He did so, and shortly after informed me his headache was gone. In cases of faintness it is a sovereign remedy and brings back to life the fainting one in a very few minutes.

Two summers ago, I was passing our city hall and noticed a crowd gathering. In my curiosity to know the reason of the crowd, I followed with the rest. I found a man in a fit lying on the sidewalk. At that moment the janitor of the hall appeared with a dipper of water and was in the act of dashing it in his face, in an attempt to revive him. I took the dipper, poured out nearly all the water, added about a half-ounce of xanthoxylum to the water remaining in the dipper, and put it into the man's

mouth; in less than three minutes he revived, got up shortly, ready to continue his walk. A friend of his who stood near me said he was subject to fits and generally remained in them for several hours. That same evening I received a call from the man (he lived a mile from my office). He came in to thank me for the quick relief I gave him.

I was called, one evening, to see an old lady who was subject to fits. When I arrived I found her just ready to go into one. I gave her a swallow of xanthoxylum from my little bottle; in a moment or two she said I had saved her from the fit, and she could feel the medicine to the ends of her toes. Last winter, I was called up one night about midnight, found at the door Mr. M., an acquaintance of mine, doubled up with pain, and so altered in looks that I did not know him. He was suffering from a severe case of colic, bloated and unable to speak. He seemed almost in a dying condition. I saw at once what was the matter; gave him what I call chloric ether compound, with an equal quantity of water. This is the formula: Tr. xanthoxylum, chloric ether, spirits lavender compound aa. I always give this formula in acute pain instead of morphine. I waited a few minutes till he was relieved somewhat of the severe pain, then gave him a half-ounce of xanthoxylum frax. and neutralizing mixture; waited about twenty minutes and gave him another dose of the latter. Soon after he vomited, and was much relieved. He stayed with me an hour longer conversing, then felt able to go home, a distance of a mile away. I gave him a four-ounce bottle of xanthoxylum bark and neutralizing mixture, equal parts, to take home with him if he should feel a recurrence of pain. He came in the next day to express his gratitude and assure me I had saved his life. I have known many cases where morphine has been given in similar cases. With the above treatment they don't go to sleep never to wake again.

With my knowledge of xanthoxylum, if I had my life to live over again and could have but one remedy, it would be xanthoxylum. I am not discarding other remedies. I am proving all and holding fast to the good. I consider xanthoxylum frax. the sovereign remedy. I make the tincture by percolation—two gallons from three ounces of the ground bark.

DISCUSSION.

Dr. Sherman: I can certify to the good effects of xanthoxylum in cases of sick headache, with dizziness and flatulence. It will relieve in ten or fifteen minutes. I know from personal experience, and I frequently use it.

Dr. Brinkerhoff: I would like to ask if you get the same effect from the berry as you do from the bark? I have used a tincture from the bark.

Dr. Webb: I presume you get the same results if it is a good tincture.

Dr. Wm. E. Kinnett: I did not hear the paper, but I am persuaded that we get very little good tincture of xanthoxylum. It is almost impossible to get a tincture that will do the work. All I use I make myself. I gather the berries and make it myself, and I have never seen any that equals it. This may be egotism, but if you were to use it you would say

the same thing. It does not look like any other make I have ever seen. It does not taste or act like it. I gather the berries and bruise them and put them in alcohol and let them stay in that a couple of weeks, and then filter it. If you get good berries and gather them in the right time, you will have good xanthoxylum.

Dr. Burnett (Ohio): What time of the year do you gather them?

Dr. Kinnett: That will depend upon the part of the United States and the season that prevails at the time. I gather the berries before they get real ripe, but I can not tell just when it is. It is later some years than others.

Dr. Rosa Gates: We always gather the berries just before they begin to turn dark. We do not have any particular time. If it is very hot weather, they dry and there is no substance in them, but if you gather them just before they begin to turn dark you will have a good tincture.

Dr. Ida Kittredge: I would like to ask how he regulates the strength of the xanthoxylum when he makes his own tincture?

Dr. Kinnett: I put a pound to the pint.

Dr. Morey: Xanthoxylum grows all over our State, prickly ash. We ship tons of the berries. I think God provides a remedy that is suitable to every place, if we only understand it. I think when He placed the vegetable kingdom He placed these things that are needed where they are most needed, and it is so with our xanthoxylum. I do not know of anything better in the complications of bowel troubles than xanthoxylum. You take our old neutralizing cordial, add ten drops of echinacea and twenty drops of xanthoxylum, and give a dose every two hours, and you can control almost anything you may find; that is, in the beginning. Some physicians claim that their experience proves that xanthoxylum, used in all exanthematous diseases will take the place of strychnine without any detriment and without any danger and ward off all the symptoms that appear in these diseases. In my hands it has not proved to be so successful, although I have used it and with success.

Dr. Wilmeth: I do not know that my experience would be valuable. I know this remedy in intestinal troubles in the South. The doctor spoke of it being beneficial in exanthematous troubles, and it might; it would act as a tonic on the intestinal tract. We are all familiar with the indigestion that comes from imperfectly digested material and its attempted assimilation, and that causes skin eruptions, and I presume the effect it would have on that would be in the nature of a tonic.

Dr. Campbell (Ohio): All I have ever used has been Lloyd's tincture, and it has been a failure in my hands. I have had no results.

Dr. Hufnail: My experience with xanthoxylum is in one line only, and that is in accordance with what Dr. Wilmeth has said. I think the effect we get is a good deal like the effect of an aromatic on the mucous membrane, exciting glandular action and through that getting elimination. But I use the berry.

Dr. Adlerman: I use it a great deal in certain nervous diseases where it is impossible to use strychnine. You know in certain inflammatory conditions, like poliomyelitis, it is not advisable to use strychnine, and I find xanthoxylum can fully replace strychnine without any after-effects that you get from strychnine. One peculiar thing about xanthoxylum is, you can keep on giving strychnine and your system will respond to its action. With xanthoxylum, if you give it for any length of time, you are obliged to use it in ever-increasing doses or you get no results.

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

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ORGANIZE.

Doctor, I am talking to you. This is meant for you and for every other Eclectic physician in the United States. To-day you are enjoying the privileges, liberties and immunities granted to physicians of all schools. You are enjoying a remuneration made possible by the teachings of the principles and therapeutics developed by the Eclectic School of Medicine.

The very existence of the liberties you enjoy to-day, the liberty to practice your chosen system of medicine, grew out of a long fight for the same, and the perpetuation of our liberties and of our system of medicine can be made possible only through a thorough organization of all Eclectic physicians in the United States.

The National Eclectic Medical Association, and the National Quarterly are both enlisted and exist for our cause, for the Eclectic cause in medicine, both are intimately connected, both stand for unity among Eclectic physicians, both will fight for the protection of our rights, both will carry on the work of the Eclectic Fathers, both will promote the mission of Eclecticism in medicine, which mission is of more importance to the people to-day than at any other time. Without the Quarterly the National would be hampered, without the National the Quarterly would be crippled, and neither could solve the great problems before them.

The NATIONAL and QUARTERLY, doctor, are yours; upon you depend their success or failure; this I must impress upon your mind.

It is time, high time, that the Eclectics awake, and recognize the opportunities before them. It is time for you, doctor, to throw off the somnolence and lend a shoulder to the wheel. You must become active in your State society and in the National. This is the age of Organization. Organization accomplishes wonders. This fact has long been recognized by our friends "the enemy."

The Allopaths are organized in every little hamlet, city, county and state; they are able to obtain favorable legislation, appropriations and

funds. The Homeopaths are organized, they are able to secure and control hospitals, institutions, funds, etc.

You Eclectics, who are taxpayers, do you obtain anything favorable in your legislature? Are you able to get a ward in any county hospital? Do you obtain any of your rights? These questions you can answer for yourselves; the fault is in your lax organization.

Religion is organized, law is organized, charity is organized, labor is organized, the unions have a voice; they demand and they receive attention, because they are strongly organized. The Eclectic School of Medicine is not sufficiently organized, it is the only one of the three great schools of medicine which does not enjoy the fruits and benefits of its own labor. The fault, doctor, is yours, you who always stay at home, and do not attend your state meetings, you who take no interest to see that the proper officers are elected to carry on the work in your state societies, you with your little petty differences, and jealousies, you who never contributed a thing to the school which gave you the means of your living.

I appeal to you now, "as a man to man, from heart to heart," as one Eclectic to another, to awake and do your duty, your full duty to our cause, the cause to which your livelihood is due. Do your duty to your State and National societies, secure at least one new member for your State and National societies, preach the gospel of Eclecticism openly, get your weak-kneed brother to join his State and National, and attend the meetings.

Remember, doctor, if you graduated as an Eclectic, an Eclectic you will remain, no matter where you go, or what you join, as an Eclectic you will be known. Therefore do not run after false gods, stick to your brothers, do not be an outcast.

You know the many things being done to embarrass, hamper, and wear us out, and make possible "one school" of medicine. Shall we lie down? Will you lie down as some have done, or will you join us in our fight for our rights and liberties, and the promotion of the American practice, Eclecticism?

Doctor, we can be invincible only through organization. Let us get busy, let us awaken, let us beget enthusiasm. Come in, lend a hand, and let us make this next meeting of the National Eclectic Medical Association a record breaker in attendance, in new members, in work and in enthusiasm. Are you with us, doctor?

Theodore Davis Adlerman.

WHO SHALL BE PERMITTED TO DISPENSE MEDICINES?

For the past decade we have witnessed unusual, and many times unnecessary, and sometimes ridiculous legislative activity. Law-making bodies are beset by interests, classes and sects of all kinds, and laws are enacted with but little apparent investigation of the need or effect of such laws when

applied to the people as a whole. Plain, intelligent and wholesome legislation, if we could secure it at all, is obtained by accident or much political jockeying.

It would seem that the height of the ridiculous has been reached when law-making bodies are finding it necessary to protect themselves against the pernicious influences of those seeking to secure special legislation, or to prevent laws being enacted which may be so construed as to be inimical to the welfare of some pet scheme. Thus, we have come into an era of wonderful legislative activity and at the same time we are developing an equal degree of outlawry, the latter being the outgrowth of the fact that few of the many bills enacted into laws are desirable or operative, and they stand as a burden to the already voluminous legal enactments, and they create an unhealthy disregard of legal authority, because they are either not enforced at all or are resorted to spasmodically, or are used to benefit or destroy some particular person, party or industry, as the case may be.

Of all the profligacy of law-making talent, none has been more apparent nor has any been more of the nature of class legislation than that seeking to govern the practice of medicine. Law abiding, honorable and honored physicians are encumbered by many laws, but the flagrant advertiser, the rank charlatan, the vociferous quacks with all the cults and sects, continue to hoodoo and gull the good people, taking their money, injuring their health, and yet no one of the saviors of the "dear people" dares even offer a bill to legislate them out of existence. They are fortified by the public press, in too many instances, and because of well-paid advertisements they are permitted to ply their questionable practices without let or hindrance.

Now comes the pharmaceutical and druggists' associations proposing to compel all practitioners of medicine "to acquaint their patients with the name and character of all medicines which the physician may personally administer or dispense, the physician being required to place this information in the patient's hands by prescription or otherwise." This statement, if a true representation of the basis of such proposed legislation, would seem of itself to explain the desire of the parties promulgating such a law. It requires no great stretch of one's imagination to see in this another attempt to ultimately compel all physicians to cease dispensing their medicines. Just now we are witnessing one of the results of prescription writing, making patients acquainted with the name and character of the drugs they use. No more compelling evidence of the baneful results of such practice need be cited than the popular demand for laws to prohibit the sale of habit-forming drugs.

Our good friends, the druggists, would have the world believe that the disreputable physicians are responsible for all the torture and horror arising from the various drug habits, but are they, as a class, any more free from fault than the physicians they seek to coerce? The druggist excuses his counter prescribing by saying that the "layman prescribes for himself," and thus seeks to excuse his class from the evil result of indiscriminate

sale of dope in the form of opiates, headache tablets, aspirin, cough remedies, popular prescriptions, etc. Might we presume to ask how the self-prescribing layman gets his knowledge of the drugs which he freely uses, many times to his detriment, and not the least of evils of such custom becomes a habitué? Does the druggist or pharmacist teach him, or is he an apt one at reading prescriptions or in asking for explanations of the "name and character" of the remedies prescribed?

Would our friends claim advantage of cheapness? Would it be easier for a man who is sick to pay two fees for his advice and remedy, by having a pharmacist share his dollar? Even if the cost be no greater, inconvenience would argue against such a proposal, and this is the very least argument against it.

Such men would hold up holy hands in horror if a specialist or a surgeon would make a charge sufficient to allow the general practitioner, the family physician, a slice of the fee. Yes, this would be daylight robbery, a system of holdup, but it would be all right for the same doctor to refer the patient to his special friend, the pharmacist, for all his medicines or tell him the "name and character" of the medicines so he could ask for the same without consulting the man whose knowledge and time produces the ability to properly direct the application of medicinal drugs. This would save the busy (?) doctor valuable time and the patient much inconvenience, and, since the medical profession is widely known for its general wealth, as well as for its willingness and readiness to be victimized by all who apply, it would, no doubt, work much advantage to the neglected druggist who is a specialist in pharmacy and a general dealer in every commodity from hardware to soft drinks.

It is sometimes claimed that physicians are not pharmacists. True, perhaps, in most instances. But if he knows when, where and how to apply a medicine to the relief of a pathological condition, he might, perhaps, occasionally be trusted to dispense a simple prescription from his pocket or buggy case, or to leave a few powders, pills or tablets. Again, the element of danger from errors is argued as a reason why practicing physicians should not dispense but write prescriptions. Will someone rise and show us why and how a pharmacist is any less liable to human weakness, to error, than a careful and conscientious physician? Yes, but I hear someone say that *all* are not careful,; *no, nor* are all pharmacists careful, and, unfortunately, the percentage of honesty has never been shown to reflect any great advantage to our friends who compound medicines.

We have never heard it charged that a physician would resort to "substitution" nor unlimited refilling of prescriptions. And the recently enacted Federal law cares for all physicians, as well as pharmacists and druggists, who abuse the privilege of prescribing all narcotic or habit-producing drugs. If a physician desires, he should be permitted to dispense; he at least should have this privilege. Should he wish to keep professional business to himself, why not, for he is forbidden by law to

reveal "privilege knowledge," and prescriptions would necessarily, in some instances, reveal some such knowledge. WM. P. BEST, M.D.

ETHICS.

Ethics is defined as being the science or doctrine of the sources, principles, sanctions and ideals of human conduct and character, the science of the morally right, moral science.

My attention was called to the subject of ethics by reason of a full page advertisement of "Kellogg's Waxtite Package," appearing in the Minneapolis Morning Tribune of July 14, 1914. This advertisement is embellished with a picture of the Commissioner of the Department of Health, City of Minneapolis. This full page advertisement also contains the names of various officials who have endorsed this package. Many of them are M.D.s in official position. Some of them in their official capacity pass judgment on the official conduct of the lesser lights in the profession, even exercising their power to the abrogation of our right to practice. They are president, commissioner and directors of Boards of Health and extend from California to New York and from the Dakotas to Texas.

We believe the "Code of Ethics" contain a section, relating to the use of a physician's name as an endorsement of any proprietary or patented medicine or appliance; also one relating to the undue use of one's name in the public press. I can not say that I see any harm in these endorsements personally, but there is an old saw, "That what is sauce for the goose, is sauce for the gander." Then why is it unethical for the smaller fry to use the public press, and yet the "highbrows" are constantly keeping their names before the public. I daily read in the secular press some item referring to certain physicians' movements, or an interview by them regarding some movement, even when they undertake a journey to a neighboring city. Yet these men are posing as the mentor for the balance of the profession. Would it not be well for them to clean their own dooryards; scrutinize more carefully their own conduct before essaying to dictate the normal conduct of others? We have only one word for these self-righteous pharisees that is "Heal Thyself." I have been accused of being a cynic. I plead not guilty. Yet one almost becomes such, when he is brought into such close contact with the machinations, intrigues, inconsistencies and even fabrications of those posing as the mentor and ideals of the profession. Man is selfish and I have come to the conclusion that selfishness and greed is the preponderating force dominating or controlling the *gang* now dictating the policies of the profession.

MUNDY.

OVER MEDICATION.

This is the title of an article appearing in "Pediatrics" for June, 1914. The author criticizes and condemns the prescriptions which follow for

various reasons. His reasons are good and valid and we heartily agree with the writer in his criticisms. Whilst reading it the thought naturally arose in my mind, would one find occasion for criticizing prescriptions written by Eclectic physicians? One of my earliest teachings was a warning against the futility of polypharmacy and its uncertainty. The prescriptions are for gastro- intestinal troubles during the summer months. We copy a few. Here is one for a child two years old.

"Bismuth Subnitrate, 20.0; Ess. Pepsin, 8.0; Tannalbin, 3.0; Tr. Krameriæ, 16.0; Mist. Cretæ Ap., 96.0. Misci. four every two hours."

This sounds very scientific and certain. Here is another:

"Tr. Hyoscyamus, m. x; Tr. Opii Camph., dr. i; Aqua Menthae pep., m. x; Bismuth Subnitr., gr. xv; Mist. Cretae, dr. i; Nutri Benz. Caffein, gr. x; Syr. Aurantic ad., oz. iii. M. Sig.: A teaspoonful every two hours."

The article contains three other prescriptions equally illogical and uncertain. The author criticises these prescriptions and says, "The so-called summer diarrhoea is only a symptom of certain affections of the gastro-intestinal tract. The first indication to a successful treatment is a proper diagnosis." He closes with the remark: "There is of course no general rule to the therapeutic management of gastro-intestinal diseases, but under all circumstances our little patients want more rest, more care in feeding and hygiene and less heterogenous, gritty, sticky and slimy medicaments." In the New York Medical Journal for July 11, there is another article for the treatment of summer diarrhoeas, in which the main reliance is placed on castor oil, calomel, feeding and opium. In another article on "The Treatment of Summer Diarrhoea," in a recent issue of The Therapeutic Gazette, I find this expression, "A specific case is a law with itself and must be studied in accordance with its own particular needs." With this all Eclectics will agree. The author then gives some suggestions regarding the cleaning of the gastro-intestinal tract, rest to the digestive organs, diet, etc., to which all can subscribe, but when he comes to the treatment, we find such remedies as bacilli, lacti bulgarici, various salts of bismuth and preparations of opium.

All Eclectics agree as to the wants of these little patients. They need care in diagnosis and they need symptomatic treatment or specific diagnosis and treatment. Such has been the Eclectic teaching for fifty or more years. The light is just beginning to dawn upon our ultra-scientific brethren in the profession and slowly but surely they are beginning to learn that all cases can not be treated alike, or that it is essentially necessary that a disease be named, before a remedy can be selected, has ceased to be the sine-qua-non of our allopathic friend. In spite of councils and the mandates of authority, the rank and file of the profession is coming to the teachings of Eclecticism, that which we were taught forty and fifty years ago.

MUNDY.

MILK-SICKNESS.

A number of years ago we published several short papers from physicians reporting their experience with that unusual and rapidly disappearing disease called "milk-sickness" or (in animals) "trembles." In recent years, this ailment has become so uncommon that now many able practitioners question the existence of any such disease.

We now find an article upon this subject in the August, 1914, number of *The Illinois Medical Journal,* written by Dr. A. J. Clay, of Hoopeston, Illinois. Doctor Clay ascribes this disease to the ingestion of eupatorium ageratoides (white sanicle). Frequently this weed is eaten by the animals during the dry season, when the grass is gone and the animals are driven to shady places, where it luxuriates. He was able to produce the disease in two young cattle and one sheep, which were fenced in on a barren lot and compelled to eat the plant, cut fresh at each feeding. Within three days all three of these animals were dead, after presenting the usual symptoms of "trembles."

The disease is produced in human beings by using the milk of cows that have fed upon the eupatorium. Doctor Clay refers to seventeen cases seen in four different localities, none of which ended fatally. In every instance, the origin of the disease could be traced to the use of milk from cows pastured in localities where the plant grew in large quantities.

After an incubation period of two to five days the patient generally shows anorexia, languor and fatigue, followed later by nausea and vomiting, the latter being so intense that usually he is unable to take food or water. After one to three days of prolonged vomiting, a condition of exhaustion sets in, followed by restlessness, mental dulness and partial or complete unconsciousness. There is obstinate constipation, scanty urine, abdominal pain, and at times pain in the calves of the legs, followed by stiffness. Patients often have hiccough, and swallowing is difficult.

There is extreme thirst, a fetid odor from the breath, and marked tremor of the tongue, which as a rule is red, large, and later parched and fissured. The pupillary reaction is sluggish and the conjunctivæ are reddened. First the abdomen is scaphoid, but later tympanites occurs. The patient usually lies on the back with the head turned sideways and the legs drawn up, knees apart. The skin is cold and calmy, pulse irregular and temperature abnormal. Generally the blood pressure is low, sometimes falling to sixty-seven. Respiration is irregular and of the Cheyne-Stokes type. In some instances, these patients pass into a subacute or chronic state.

The outlook is very grave, both in the acute and the subacute attacks. In the acute form the patients usually die between the second and the ninth day, but occasionally they are sick for weeks or months.

Owing to the active principle of the plant having a marked affinity for alcohol, Dr. Clay believes that to be the best antidote. As a rule, he

avoids purgation, rather washing out the lower bowel with a solution of sodium chloride and sodium carbonate, fifteen grains of each to the pint; the enemas being repeated every two hours. In subacute cases castor oil may be given."

This malady was formerly endemic in this locality, but now is seldom seen. The Editor has had some experience with the disease in the earlier years of his practice and only recently witnessed a few cases. The writer of the above is no doubt ignorant of the investigations as to the cause of this disease made by Prof. Moseley, of Sandusky, Ohio, who has probably made the most rational and scientific investigation yet made with a view of ascertaining the cause of this rapidly disappearing disease. It has been practically ascertained in this locality that cultivation of the ground destroys the cause, in other words, stock only was infected when placed upon wild pasture.

Whilst attended with some fatality in this region, our more modern treatment has materially lessened it. Whiskey, we have ceased to believe to be an antidote, but instead we use alkalies. The nausea and vomiting is overcome by the use of syrup rhei et potassa comp. or the neutralizing cordial and the constipation by seidleitz powders, aided by enemas only when necessary. This treatment inaugurated by the older Eclectic practitioners of this community has very materially lessened the fatality of milk sickness and very materially shortened its duration. The odor of the breath mentioned by the author is characteristic of the disease and our earlier settlers could diagnose the disease by this odor which permeates the entire house. Another characteristic of the disease is the throbbing or tremor of the epigastrium which is very distressing. Mental dullness and even coma is common. MUNDY.

THE NATIONAL.

In the September and December issues of the QUARTERLY we called our readers attention to the meeting in San Francisco. Those who have never visited the West and seen its wonderful magnitude, grandeur and scenery can have no conception of the wonderful country that lies west of the Mississippi. To those who have read of the deserts of the West, it is truly a revelation to see what irrigation means and what it does to what we were taught in our school days to be a barren waste.

The itinerary permits one to visit the wonders of nature, for indeed Colorado is replete with wonders and to one who has not seen them, every mile traveled reveals new scenes and revelations of the powers of nature, each scene more beautiful and grand than the preceding if such be possible.

The writer's trip was a continuous lesson of the wonderful expanse of our country. No amount of reading or study can give the least conception of the country traversed. We have often heard and read the maxim, "See our own country first;" we can emphasize it by repetition and one will

never regret having made the journey. On the return those who desire can make a trip to the Yellowstone Park, a place replete with the wonders and mysteries of nature.

The "Wylie Way" operates stage and camp service, under United States Government supervision, from the three gateways, Gardiner, Montana (north entrance), Yellowstone, Montana (west entrance), and Cody, Wyoming (east entrance). Tours start daily from three gateways during the Yellowstone Park season, June 15 to September 15. The Wylie Company will be glad to send a copy of their latest 40-page illustrated handbook to any delegates free of charge. Address the Wylie Permanent Camping Company, Livingston, Montana. Or, if any prefer they can return by way of Seattle and the Canadian Pacific. This is said to be one of the most scenic routes in America.

Doctor, are you going to the National? If so, kindly advise the writer, so that arrangements can be made accordingly. MUNDY.

THE NATIONAL TRIP TO SAN FRANCISCO.

CINCINNATI, January 26, 1915.

For the advance information of delegates and members of the Association, their families and friends, who will attend the convention at San Francisco during June, the following route has been selected by the Transportation Committee for the official train to the convention:

Pennsylvania Lines to Chicago,
Burlington Route to Denver,
D. & R. G. Railroad to Salt Lake City,
Western Pacific Line to San Francisco,

and the following schedule has been endorsed:

Lv	Chicago	9:40 A. M.,	June 8.
Ar	Denver	1:00 P. M.,	June 9.
Lv	Denver between 8:00 P. M. and midnight		June 9.
Ar	Colorado Springs	4:00 A. M.,	June 10.
Lv	Colorado Springs	4:00 A. M.,	June 11.
Ar	Glenwood Springs	3:30 P. M.,	June 11.
Lv	Glenwood Springs	6:30 P. M.,	June 11.
Ar	Salt Lake City	8:30 A. M.,	June 12.
Lv	Salt Lake City	2:30 P. M.,	June 12.
Ar	San Francisco	7:00 P. M.,	June 13.

The following round-trip fares will apply from points enumerated:

	RAILROAD FARE	PULLMAN FARE
Boston	$104.20	$21.50
Cincinnati	70.25	18.00
New York	98.80	21.00
Pittsburgh	81.25	18.50
Nashville, Tenn	63.50	18.50

	RAILROAD FARE	PULLMAN FARE
Columbus	74.18	18.00
Cleveland	76.20	18.00
Kansas City	50.00	14.50
Philadelphia	95.20	20.50
Indianapolis	67.10	18.00
St. Louis	57.50	16.50
Chicago	62.50	16.00

In order to return through the northwest via Portland, Seattle, Vancouver, etc., the railroad fare will be approximately $17.00 higher than fares named above.

Pullman sleepers will, of course, be occupied for the entire trip, thus doing away with hotels en route.

Every possible effort will be made to make this one of the most comfortable and successful trips ever undertaken by your organization.

On the way from Chicago special will traverse the level prairie sections of Illinois, cross the "Father of Waters" at Burlington, Iowa, where the delegates from and through St. Louis will be picked up. During the afternoon train will pass through corn belt of Iowa. During the evening cross river at Council Bluffs and enter Nebraska. It will pass through Lincoln (where the delegates from and through Kansas City will be picked up) and head across the vast agricultural section which in recent years has contributed so much to the nation's bread and meat and which has a place in history. Denver is reached at 1:00 P. M., June 9.

An afternoon and evening stopover here offers an opportunity for some sight-seeing and arrangements will be made with the "Seeing Denver Company" to have a number of their cars at the Union Depot to take our party through the beautiful parks and attractive avenues of "The Queen City of the Plains."

Our party will leave Denver shortly before midnight, June 9, and arrive Colorado Springs at 4:00 A. M., June 10, the home of more millionaires than any other city of like size in the nation. Our cars will be conveniently parked here opposite the grounds of the Antlers Hotel. More beautiful and interesting side trips can be made from Colorado Springs than from any other city in the United States. The shorter of these journeys can be made by carriage or automobile—to the Garden of the Gods, to Monument Park, across the Mesa to Palmer Lake, to Stratton, North and South Cheyenne Canyons and the Famous Seven Falls, including the "High Drive," the grandest of all, thence down through Bear Creek Canyon and Colorado City, back to the Springs. Any two of the above trips can be made in half a day. The trip to Crystal Park via automobile requires about four hours and is one of the grandest trips of the region. The cost of this latter trip is $3.00, while the other various trips above cost between 25 cents and $1.00. Should our party decide to make an early morning trip up Pike's Peak (height 14,147 feet), time for round

trip about four hours, fare $5.00), they could return to Manitou in time to make the trip to the Cripple Creek Gold Mining District via the short line, the only day trip that bankrupts the English language (cost of trip $3.00).

Leaving Manitou at 4:00 A. M., June 11, the train reaches the Royal Gorge about 7:30 A. M. This is the grandest of all canyons, and a picture grander than the most imaginative brain can conceive.

The Continental Divide is crossed through Tennessee Pass, from which point streams start simultaneously for the Pacific and the Atlantic. Arrive Glenwood at 3:30 P. M., June 11. Here the afternoon will be allowed for a "Trans-Continental" bath and dinner can be served at the hotel Colorado nearby.

Our party will leave Glenwood Springs at 6:30, June 11. The Palisades are passed en route to Grand Junction, affording a delightful panorama through the great fruit section before dark.

We will arrive at Salt Lake City at 8:30 A. M., June 12. Here a special free organ recital will be arranged for our party at the famous Mormon Tabernacle. Salt Lake is made historical on account of the prominence given it by the Mormons who first settled here in 1847. To the tourist the city affords much pleasure and interest in inspecting the many fine buildings erected by the Mormon people. A trip to the famous Salt Air Beach and through the monster Pavillion can be made in a very short time and a sightseeing automobile trip, viewing the principal points of interest in the city can be made in an hour.

We leave Salt Lake at 2:30 P. M. over the new Western Pacific line, crossing the salt beds in the Great Salt Lake desert basin. At places this salt is twelve feet thick and is ninety-eight per cent. pure.

The following morning we will awake to find ourselves in the sage country to enjoy the somewhat unusual experience of traveling through a region almost virgin in character, but with great possibilities which has heretofore lain dormant because of its inaccessibility. At nine o'clock in the morning (June 13), we enter the Feather River Canyon. The towering rock-walled Canyon alternates with grassy meadows, hemmed in on all sides by the Sierra Nevada Mountains. Long, smooth reaches of water succeed swirling rapids with amazing swiftness, present a panorama of mountains and streams without parallel and beggaring description.

Rolling down the western slope into the Sacramento Valley the road passes through the capital city of California which bears the same name and is the center of the great fruit growing industry in this immensely wealthy section.

San Francisco, the convention city is reached at 7:00 P. M., June 13.

The advantage of the above schedule is that the entire trip through the mountains, the Royal Gorge, across the Continental Divide, through Glenwood Springs, past Grand Junction and through the Feather River Canyon would be made in daylight, as well as arriving at the convention city early in the evening.

Complete details as to hotels in San Francisco, cost of various side trips, etc., etc., will be shown in the pamphlet which will be mailed to all members early in April.

JOHN K. SCUDDER, M.D.,
Chairman Transportation Committee,
National Eclectic Medical Association,
630 West Sixth Street, Cincinnati, Ohio.

NOTES AND NEWS.

Arizona.

E. R. Petsky has removed from Metcalf to Long Beach, Cal.

California.

The regular monthly meeting of the Los Angeles County Society was held Tuesday, October 6 at the College building. Several new members were admitted. The discussion for the evening was "Internal Secretions."

W. B. McMakin of Washougal, Wash., is located at 547 Elgin Ave., Long Beach.

Horace S. Huckins, M.D., has removed from Des Moines, Iowa, to San Jose.

Dr. Lewis Lee has removed from Seabright to Potter Valley.

Colorado.

G. A. Angus has removed from Brighton to 105½ S. 16th St., Omaha, Neb.

Illinois.

E. S. Spindel, M.D., of Springfield, graduate of E. M. I., of Cincinnati, 1899, a member of both the State and National Associations, was recently appointed a member of the State Board of Health.

W. Clay Jones, has removed from Kenton, Ohio, to 1173 E. 53rd. St., Chicago.

Dr. J. M. Coleman has removed from Pekin to Flat Rock, Ind.

The Legislative Efficiency Committee, in its report on the administrative system of Illinois which appeared December 7, makes the following recommendations: The reorganization of the various health agencies into a State health department to be under the direction of a salaried health commissioner; an unpaid state health board of five officers to be appointed by the governor; the state health department to have supervision over the examination and licensing of physicians, pharmacists, dentists and nurses, and the regulation of those organizations which carry on other professions and trades for the protection of public health; a small board or committee to be provided for each profession to arrange for examinations, issue licenses and to revoke same for cause; the clerical and administrative work in connection with such examinations to be handled through one office and the action of the examining boards in revoking licenses, to be subject to review by the State Board of Health. The board of barbers' examiners to be abolished and the power of sanitary control over barbers to be

exercised by the health department; the law for the collection of vital statistics to be made more effective; the pharmacy law to be revised; the cold storage of food products to be regulated and a state sanitary code to be enacted.

Indiana.

Dr. F. B. Robinson has removed from Monticello to Coldwater, Mich., and has retired from active practice. Dr. J. D. McCann, his associate, will continue the business at Monticello.

Iowa.

Vasectomy, as provided for in the Iowa sterilization law, is unconstitutional, according to an opinion rendered at Keokuk, Iowa, by Judge Smith McPherson, of the United States District Court for the Southern District of Iowa. A United States Circuit Judge and another district judge concurred in the opinion, which affects similar laws in other states, as it involves interstate relations.

Kansas.

D. H. Michener, M.D., of Wichita, had his ring finger amputated October 21, the result of a Roentgen ray burn.

Kentucky.

Dr. Lee Strouse, of Covington, was married to Miss Pearl Woods, November 21.

Dr. J. L. Richardson, of Livi, was badly injured by reason of an automobile being hit by a street car. The Doctor was thrown out of his machine, was badly bruised and had several ribs broken.

Louisiana.

At the meeting of the Louisiana State Board of Medical Examiners, October 29-31, a resolution was adopted that the board would accept for registration without examination in Louisiana, all applicants from California who can comply with the rules governing reciprocity with Louisiana. The board announces that an examination will be held in New Orleans, June 3 to 5.

At the meeting of the State Board of Medical Examiners, held October 29, a resolution was adopted that all students matriculating on and after June 1, 1915, in addition to a standard four-year high-school education, must present evidence of the successful completion, at an approved college or university, of one full year of work in biology, physics, chemistry and a modern language. This will apply to all applicants seeking licenses in Louisiana who graduate in 1919 and thereafter. This is the twenty-third state which has adopted the requirement of one or more years of collegiate work as the minimum standard of preliminary education.

Maryland.

Dr. Rorick Bennett, has removed from Detroit, Mich., to Kensington.

The University of Maryland, the College of Physicians and Surgeons

and the Maryland Medical College, with three other institutions of learning were created into a Maryland State University, December 11. St. John's College, at Annapolis, was the only one of seven institutions that did not formally affiliate with the university, but this question will be decided at the annual meeting of their board in January. The affiliation of these institutions was decided on at the last session of the general assembly, when a law to that effect was passed.

Massachusetts.

Dr. Augustus L. Chase, of Randolph, has been reappointed a member of the Board of Registration in Medicine.

Sylvania A. Abbott, M.D., of Taunton has been selected as recording secretary of the Massachusetts Eclectic Medical Society, vice Pitts Edwin Howes, deceased.

Fred. W. Abbott, M.D., of Taunton, has been elected an honorary life-fellow, of the Societe Internationali de Philologie, Sciences, et Beaux-Arts.

The Boston University Medical School has been given $100,000 to erect a maternity hospital.

Michigan.

Dr. Enoch Mather, has removed from Detroit to 228 Gratiot Ave., Mt. Clemens.

Mississippi.

At a regular meeting of the Mississippi State Board of Health on October 26, 1914, a resolution was adopted that the definition of a reputable medical college be amended to read as follows: One which is classed as A plus or B by the American Medical Association until January 1, 1919. After this date said colleges shall require an entrance qualification in addition to four years of standard high school work, one year of college work, including courses in physics, chemistry, biology and a modern language. This to apply to all who graduate in 1919, or thereafter. Those graduating before this to be allowed credit for four years or more of regular practice instead of this additional qualification. This is the twenty-fourth state to adopt this higher requirement.

Missouri.

F. M. Planck, Kansas City, has changed his address from 2120 Linwood Ave., to 3611 Walnut Ave.

Dr. Georgia B. Sattler has returned from Helen, Ga., and is now located at 5950 Ridge Ave., St. Louis.

Free Antitoxin.—Health Commissioner Max C. Starkloff announces that he will apply to the municipal assembly for an appropriation of $3,600 to cover the expense of the free distribution of diphtheria antitoxin by the city. He also states that he will prepare and have presented before the legislature at the January session, a plan providing for the erection of a

state bacteriological laboratory in which diphtheria antitoxin will be made and distributed free or at cost.

The State Board of Health has made arrangements for distributing antitoxin at prices ranging from 40 cents for 500 units to $4 for 10,000 units. The city of St. Louis already distributes antitoxin free to persons who can not afford to buy it, but it is said that many who can not afford to pay the prices charged by druggists for antitoxin, hesitate to apply for it as paupers. The number of cases of diphtheria reported in St. Louis for five weeks up to November 23 was 546.

New Jersey.

An adjourned meeting of the New Jersey State Eclectic Society met pursuant to appointment, at 100 Halsey Street, Newark, N. J., at 8:30 P. M., November 17, 1914.

In the absence of the president (G. C. Young, deceased) the secretary called the meeting to order and on motion Dr. T. D. Adlerman, president of the National Eclectic Medical Society being present, was honored by the society and requested to act as president pro tem.

The minutes of the last meeting were read and approved.

The secretary read a letter from ex-president, D. P. Borden, of Paterson, expressing regrets for his absence on account of physical inability prohibiting his being out at night. We fear the good doctor is associating too closely with Father Time.

Telephone messages were received from Drs. M. A. Willis and Ella Cameron of Jersey City, regretting their absence and inability to attend.

There being no committees to report at this adjourned meeting and no application for membership, the certificates of the Society issued at the last meeting were ready and presented to the following new members:

Dr. Arcangelo Liva, 328 Valley Brook Ave., Lyndhurst, N. J.; Dr. Chas. J. Massinger, Butler, N. J.; Dr. Samuel Messinger, 540 Orient Ave., Jersey City, N. J.; Dr. John J. Mohrbacher, 401 Bergen St., Newark, N. J.; Dr. Martin Nemirow, 171 Columbia Ave., Passaic, N. J.; Dr. David R. Russell, 709 Bergen Ave., Jersey City, N. J.

The recipients are all young men and enthusiastic and zealous of Eclecticism.

Death having removed our late president, George Curson Young, of Washington, N. J., the society on motion proceeded to elect a new president.

On motion, Dr. G. E. Potter was placed in nomination. The doctor was honored by a standing vote of acclamation and elected president.

On motion, Dr. Chas. J. Massinger, of Butler, N. J., was elected vice-president, Dr. Arcangelo Liva, of Lyndhurst, N. J., secretary; Dr. John J. Mohrbacher, of Newark, N. J., treasurer, for ensuing year.

The hour being late the incoming president was not prevailed upon for a speech.

Reading of papers also was held over until the annual meeting to be held in May, 1915, the exact location and date to be announced later on.

Under discussion "Good and Welfare," Dr. T. D. Adlerman spoke on the present needs of earnest, efficient and co-operative work. Those present will remember the fatherly advice of Dr. Adlerman.

On motion, Dr. Adlerman was voted a hearty thanks for his efficient work for the Society and Eclecticism in New Jersey.

On motion, adjourned to meet in May, 1915, at call of president.

Note.—Any physician desiring to communicate with the officers of the Society between now and May, 1915, can write to the new secretary, Dr. Arcangelo Liva, 323 Valley Brook Ave., Lyndhurst, N. J., or to the president, Dr. G. E. Potter, Hygeia Plaza, 170 Nesbit Terrace, Irvington, N. J., or his city office, 100 Halsey St., Newark, N. J.

New Mexico.

H. K. Riddle, M.D., has located at Reserve.

New York.

Chas. B. Graf, M. D., formerly of 1370 Lexington Ave., has removed to 131 W. 93rd St., New York City.

Peter Nillson, M.D., has removed to 1200 Lexington Ave., New York.

Wm. L. Heeve, M.D., has removed his office to 138 Hancock St.

Dr. Herman Dinein has removed to 707 Fourth Ave., Brooklyn.

At a meeting of the Medical Society of the County of New York, held November 23, a motion was unanimously adopted providing "that the schedule of fees for physicians working under the workingman's compensation law, is insufficient compensation and is hereby repudiated by the Medical Society of the County of New York and that its delegates to the state society are instructed to introduce a resolution to the same effect at the next meeting of the state society and to support it in every way possible."

Ohio.

The Eclectic Medical College was visited by fire on November 14. Spontaneous combustion in a lot of drugs stored in the cellar was the starting point, and the fumes soon filled the building. The fire was soon extinguished with very little loss.

Dr. W. E. Bloyer has removed from Cincinnati to Buckland, where he will take up the general practice of Dr. R. W. Sharp, deceased.

C. W. Ekermeyer, M.D., has been appointed district physician for Montgomery County.

E. P. Zeumer has removed from Harrison, to 2520 Ida Ave., South Norwood, Cincinnati.

H. C. Van Dahm, M.D., has moved to the Tippecanoe Bldg., Cincinnati.

A. H. Nesbitt, has removed from Hamilton to 505 W. Third St., Dayton.

A. M. Kyser, M.D., has removed from McComb to Beaver Dam.

O. L. Iden, M.D., has removed from Somerset to 53 E. Second St., Chillicothe.

J. D. King has removed from Helena to Findlay.

C. M. Neldon, of Coshocton returned from Europe, November 7.

W. Clay Jones has removed from Kenton to 1173 E. 53rd St., Chicago, Ill.

L. W. K. Tracy has returned from the war zone in Europe.

Mr. Geo. Merrell, senior member of the Wm. S. Merrell Co., and who has been prominently identified for many years with Eclectic pharmacy, died in Cincinnati, Ohio, December 13, 1914.

Dr. H. W. Behymer has been reappointed health officer of Mt. Washington and California.

Bulletin, No. 2, for January, 1915, of the Bureau of Medical Education and Licensure of the State of Pennsylvania, has just been issued. It contains a copy of the present laws, rules and information for prospective medical students, graduates, and conditions of both examination and reciprocity. It may be secured by addressing the secretary, N. C. Schaeffer, Harrisburg, Pa. One page 19, we are glad to note that among forty-one medical schools acceptable for both reciprocity or examination, we find the Cincinnati University and the Eclectic Medical College, of Cincinnati. There are seventeen other colleges whose graduates are admitted to examination only. This leaves graduates of about forty-two colleges in the United States and Canada who are not admitted to Pennsylvania at all.

Dr. Oscar Ralston, of Bellefontaine, will move to Marion, and enter into partnership with Dr. Henry W. Sager, who has a private hospital and large general practice.

The certificate of Dr. Albert G. Henry, of North Baltimore, was revoked by the Ohio State Medical Board on a showing that he twice had been convicted of the illegal sale of narcotics. His office was found upon investigation to be filled with narcotic drugs that made his continuation in practice a menace to the community, it was charged. Dr. Henry has done much for his home town of North Baltimore. He spent $175,000 giving the town an opera house and an electric light plant. He was known far and wide for his benevolence. The certificate of Dr. E. C. Skinner, of Cleveland, was revoked upon a showing that he had authorized another to sign his name to birth certificates. The man thus authorized to sign Dr. Skinner's name was engaged in the illegal practice of medicine, it was alleged. Dr. Skinner had virtually retired from practice. Dr. J. C. Ludwig, of Cincinnati, who had applied for restoration to the practice of medicine, failed to appear. The application of Harry O. Davis, of Steubenville, was rejected. At its meeting the State Board established reciprocal relations with California, and adopted a resolution that students who

have taken the four-year course in medicine as provided by law may serve as internes in hospitals without physician's certificates, but not until they have completed the four-year course. The board organized by choosing Dr. Silas Schiller, of Youngstown, president, and continuing Dr. George H. Matson, of Columbus, as secretary. Certificates to practice medicine were issued to the following physicians:

Cincinnati—Francis J. Abt, Daniel Wolfson, Albert F. Snell, Jr., Lowry L. McHenry, William L. Layport, Albert J. Nunnamaker.

Anna W. Hagemann, M.D., has removed from the Perin Bldg. to 830-31 Union Trust Bldg., Cincinnati.

The physicians of Bucyrus, Ohio, have agreed to conform to the following schedule of minimum fees, becoming effective on January 1, 1915: One prescription, 50 cents; each additional prescription, 25 cents. Office treatment, $1.00. Sending specimen for bacteriological or pathological examination, $1.00. Administering antitoxin or vaccine, $2.00, with the cost of the product extra. Urinalysis, chemical, $1.00; microscopic, $5.00. Visit, week day, $1.50, Sunday, $2.00. Visit at night from 9:00 P. M., to 6:00 A. M., $2.50. Visit highly contagious disease, 50 cents extra. Visit in country, day, to city limits, $1.50; same night, $2.50. Each additional mile, 50 cents. Ordinary labor, two maternity calls included, $15.00; mileage extra. The physicians give as their reason for adopting this schedule of charges to be made is that the Pan-European war has raised the price of drugs to a marked degree, some of them 500 per cent. The physicians at Mansfield, Galion, Marion, etc., have raised their prices and now the Bucyrus physicians have taken a similar action.

Oklahoma.

Chas. G. Price has removed from Dougherty to Berwyn.

Oregon.

The Oregon State Board of Medical Examiners, at a recent meeting, decided to require all physicians wishing to practice medicine in that State to pass examinations and not to be admitted on reciprocity.

Pennsylvania.

Geo. T. Sharp has removed from Harrisburg to 916 Colorado Bldg., Washington, D. C.

Tennessee.

Dr. I. N. Hudkins is located at Bradford.

Texas.

The thirty-first annual meeting of the Texas Eclectic Medical Association was quite a success. New members were added and old ones reinstated.

Among the visitors were J. U. Lloyd, Cincinnati, Ohio; W. N. Holmes, Sawyer; Zell Baldwin and A. S. Pratt of Chicago.

M. A. Cooper, of Childress, has been appointed a member of the State Board of Medical Examiners.

L. V. Bates, M.D., has moved from Clifton to 508½ Austin Ave., Waco.

Dr. J. R. Rhinehart has located at Poolville and formed a partnership with Dr. Ayres.

The governor has made the following appointments of the State Board of Health: Drs. Lawrence W. Hollis, Abilene; Carl W. Hoeflich, Houston; Louis M. Weinfield, San Antonio; Hugh L. McLaurin, Dallas; William D. Littler, Fort Worth; Harmon J. Childress, Gilmer, and E. M. Wood, Georgetown.—State Board of Medical Examiners: Drs. J. J. Williams, Groesbeck; John H. McLean, Fort Worth; Arthur M. McElhannon, Sherman; John S. McCelvey, Temple; Wm. B. Collins, Lovelady; H. B. Mason, Temple; L. S. Scothorn, Dallas; Horace C. Morrow, Austin; Thomas J. Crowe, Dallas; Marion A. Cooper, Childress, and F. M. Butencourt, Falls County.—Quarantine Officers: Drs. Duke H. Huffaker, El Paso; S. E. McCain, Brownsville; Marquis D. L. Jordan, Velasco; Everette O. Arnold, Corpus Christi; Justus S. Davidson, San Felipe, and H. C. Hall, Laredo; and Register of Vital Statistics: Dr. William A. Davis, Jr., Jourdanton.

Washington.

Dr. W. B. McMakin, of Washougal, has removed to 547 Elm Ave., Long Beach, Cal.

R. L. Pinkerton, M.D., has moved from Monroe to Duvall.

West Virginia.

W. B. Hartwig has removed from Wileyville to Benwood.

F. O. Marple, M.D., has moved from Rowlesburg to 1159 Adams Ave., Huntington.

Dr. S. D. Hays has removed from Tennessee to Weston, W. Va.

OBITUARIES.

Crow, Charles R., Eclectic College of Physicians and Surgeons, Indianapolis, Ind., 1892, at his home in Indianapolis, Ind., November 27, aged sixty-two.

Dix, John A., Eclectic Medical Institute, Cincinnati, 1871, at his home in Garfield, Wash., December 9.

Dunning, Isaac R., Eclectic Medical Institute, Cincinnati, 1867, at his home in Benton Harbor, Mich., August 19, aged seventy-one.

Foley, Robert Emmett, Bennett Medical College, Chicago, 1880, a member of the California and National Eclectic Medical Associations, at his home in Stockton, Cal., October 28.

Hall, William H., Eclectic Medical Institute, Cincinnati, 1870, at his home in Havana, Ill., October 30, aged seventy-four.

Harrod, John, Eclectic Medical Institute, Cincinnati, 1887, at his home in Fort Wayne, Ind., December 8, aged fifty-three.

Hatfield, Milton I., Eclectic Medical College of Pennsylvania, Philadelphia, 1870, at his home in Warren, Ohio, November 30, aged sixty-nine.

Hudson, C. DeWitt, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1901, of Waco, Texas, member of the Texas State and the National Eclectic Medical Associations, at Kalamazoo, Mich., December 25.

Jones, John W., Eclectic Medical Institute, Cincinnati, 1868, of Milton, Wis., at his home, October 21, aged seventy-five.

Lock, John August, Eclectic Medical College of the City of New York, 1910, at his home in Brooklyn, December 4, aged thirty-one.

Maddox, Shelvey, Eclectic Medical Institute, Cincinnati, 1881, at his home in Monroe City, Mo., November 28, aged sixty-one.

Massicotte, Louis Charles Philippe, Bennett Medical College, Chicago, 1890; member of the National Eclectic Medical Association, of Keene, N. H., at Montreal, aged fifty-six.

Reeder, Daniel J., Georgia College of Eclectic Medicine and Surgery, Atlanta, Ga., 1882, at his home in Atlanta, October 24, aged fifty-eight.

Seymour, James R., Eclectic Medical Institute, Cincinnati, 1883, at his home in Raymond, Ill., November 28, aged sixty-five.

Sharp, R. W., Eclectic Medical Institute, Cincinnati, 1873, member of the Ohio State and National Eclectic Medical Associations, at his home in Buckland, Ohio, November 21, 1914, aged sixty-four.

Tyrell, Pierce, Eclectic Medical Institute, Cincinnati, 1866, at his home in Elgin, Ill., November 19, aged eighty-five.

Tyson, L. B., Eclectic Medical Institute, Cincinnati, 1861, at his home in Kenton, Ohio.

Vermillion, William H., Eclectic Medical Institute, Cincinnati, 1877, of Bigelow, Ark., at Little Rock, Ark., December 11, aged seventy-one.

Webber, Frank Merrit, Eclectic Medical College of the City of New York, 1884, died in Watertown, N. Y., October 20, aged fifty-eight.

Program

The following is a partial program, and subject to change.

SECTION I—PRACTICE.

Chairman—R. L. Thomas, M.D., Cincinnati, Ohio.
Vice-Chairman—V. Sillo, M.D., New York, N. Y.
Secretary—E. J. Latta, M.D., Kenesaw, Neb.

1. In the Practice of Medicine Thirty Years.....W. N. Holmes, M.D., Nashville, Tenn.
2. Pellagra.....M. F. Bettencourt, M.D., Mart, Texas.
3. A Case of Epithelioma.....Frank Webb, M.D., Bridgeport, Conn.
4. The History of a Mammary Cancer.....J. W. Fyfe, M.D., Saugatuck, Conn.
5. Summer Complaint.....W. E. Daniels, M.D., Madison, S. D.
6. How I Treat Acute Lobar Pneumonia.....Geo. E. Hite, M.D., Nashville, Tenn.
7. Diabetes Mellitus.....N. M. Dewees, M.D., Cambridge, Ohio.
8. Subject Announced.....H. H. Blankmeyer, M.D., Aransas Pass, Texas.
9. Malarial Poison.....R. T. Rudd, M.D., Fulton, Ky.
10. Subject Unannounced.....J. P. Bennett, M.D., Chicago, Ill.
11. Country Practice Versus City Practice.....M. E. Eastman, M.D., Weaverville, Cal.

SECTION II—SURGERY.

Chairman—B. Roswell Hubbard, M.D., Los Angeles, Cal.
Vice Chairman—L. Lanzer, M.D., Brooklyn, N. Y.
Secretary—E. B. Shewman, M.D., Cincinnati, Ohio.

1. Suprapubic Prostatectomy.....E. B. Shewman, M.D., Cincinnati, Ohio.
2. Epilepsy from a Surgical View.....I. A. Wheeler, M.D., Healdsburg, Cal.
3. The Treatment of Prostatic Enlargement by Electric Cautery.....Lee H. Smith, M.D., Buffalo, N. Y.
4. Modification of the Whitehead Operation.....Geo. G. Gere, M.D., San Francisco, Cal.
5. The Importance of Correct Surgical Diagnosis in Operative Work.....B. Roswell Hubbard, M.D., Los Angeles, Cal.
6. Orificial Surgery as an Aid to General Surgery...B. E. Dawson, M.D., Kansas City, Mo.
7. Bacteriology as an Aid to Surgical Diagnosis...T. C. Schneerer, M.D., Los Angeles, Cal.
8. Ovarian Growths.....H. H. Helbing, M.D., St. Louis, Mo.

SECTION III—MATERIA MEDICA.

Chairman—Frank Webb, M.D., Bridgeport, Conn.
Vice Chairman—H. W. Felter, M.D., Cincinnati, Ohio.
Secretary—Chas. E. Buck, M.D., Boston, Mass.

1. Specific Medication.....S. B. Munn, M.D., Waterbury, Conn.
2. Liatris Spicata..... ....Geo. W. Holmes, M.D., Sharpes, Fla.
3. A Comparative Study Between the Vegetable Remedies and the Hormones.....Finley Ellingwood, M.D., Chicago, Ill.
4. Specific Medicine Chionanthus.....E. G. Sharp, M.D., Guthrie, Okla.
5. Reciprocity.....J. K. Scudder, M.D., Cincinnati, Ohio.
6. Pulsatilla.....J. P. Harvill, M.D., Nashville, Tenn.
7. Berberis.....W. C. Choate, M.D., Hot Springs, Ark.
8. Pulsatilla.....Geo. A. Faber, M.D., Waterbury, Conn.
9. Administering Drugs and Their Physiological Effect.....W. H. Converse, M.D., Eastford, Conn.
10. Tiger Lily.....R. L. White, M.D., New Canaan, Conn.
11. Subject announced.....Kenneth van Allen, Boston, Mass.
12. Anemopsis Californica.....C. M. Deem, M.D., Columbus, Ohio.
13. The Therapeutics of Typhoid Fever.....R. E. Holmes, M.D., Harrisburg, Pa.
14. The Wealth of Our Eclectic Materia Medica.....W. R. Ruble, M.D., Smiths Grove, Ky.
15. Extra Genital Chancre with Comparative Therapeutics...J. M. Wells, M.D., Vanceburg, Ky.
16. Passiflora, Preparation and Uses.....Frank Webb, M.D., Bridgeport, Conn.
17. Oil of Anisopsis.....J. F. Barbrick, M.D., Los Angeles, Cal.
18. Terra Incog—Matura—Akoz.....H. Webster, M.D., Oakland, Cal.

SECTION IV—OBSTETRICS. . .

Chairman—J. R. Spencer, M.D., Cincinnati, Ohio.
Vice Chairman—M. F. Bettencourt, M.D., Mart, Texas.
Secretary—H. H. Helbing, M.D., St. Louis, Mo.

1. Post Partum Attention.....M. A. Cooper, M.D., Childress, Texas.
2. Painless Parturition.....J. M. Wells, M.D., Vanceburg, Ky.

3. Some of My Experiences in an Obstetrical Practice.....Geo. N. Hite, M.D., Nashville, Tenn.
4. My Experience with H.M.C.; Is It Better than Morphine?....J. H. McIlhinney, M.D., Palm City, Cal.
5. Care of the Perineum.....J. A. Munk, M.D., Los Angeles, Cal.
6. Puerperal Septicemia.....W. F. Fowler, M.D., Pottsville, Texas.
7. Ante-partum Aids to the Parturient Woman.....L. S. Downs, M.D., Waco, Texas.
8. Assistance During Parturition....D. E. Sawyer, M.D., Durant, Okla.
9. Pituitrin.....H. H. Blankmeyer, M.D., Aransas Pass, Texas.
10. Skin Disorders Accompanying Pregnancy...P. M. Welbourn, M.D., Los Angeles, Cal.
11. The Preparation of the Expectant Mother.....Janet Quinn, M.D., Newport, Ky.
12. Some Valuable Remedies in the Puerperal State...Frank Webb, M.D., Bridgeport, Conn.
13. Let Nature Have Her Way.....J. H. Ashbranner, M.D., New Albany, Ind.
14. Care of the Breasts.....M. E. Daniel, M.D., Honey Grove, Texas.
15. The Use of Common Sense in the Practice of Obstetrics.....C. E. Buck, M.D., Boston, Mass.
16. A Few Specific Ecbolics.....M. M. Harvill, M.D., Nashville, Tenn.
17. Some Aids in Obstetrics.....M. W. Meadows, M.D., Fullerton, Ky.
18. Some of the Newer Remedies in Obstetrics.....C. S. Harding, M.D., Bellevue, Ohio.
19. Uterine Subinvolution.....C. L. Hudson, M.D., Mart, Texas.
20. Obstetrical Reminiscences.....G. E. Potter, M.D., Newark, N. J.
21. Pretentious Attention to the Woman in Parturition and During the Puerperium.....B. L. Simmons, M.D., Granville, Tenn.
22. Urinary Retention Following Labor.....M. F. Bettencourt, M.D., Mart, Texas.
23. Indigestion of Pregnancy....N. M. Dewees, M.D., Cambridge, Ohio.
24. Prenatal Care.....Pauline M. Beucler, M.D., Louisville, Ohio.
25. Obstetrical Suggestions.....J. R. Spencer, M.D., Cincinnati, Ohio.
26. Some Irritating Things in Obstetrical Practice...W. E. Daniels, M.D., Madison, S. D.
27. European Twilight Sleep or American, Which?....O. C. Baird, M.D., Chanute, Kansas.
28. Watchful Waiting.....G. H. Smith, M.D., Kansas City, Kansas.
29. My First and Only Case of Placenta Previa.....B. F. Dawson, M.D., Kansas City, Mo.

Section V—Public Health.

Chairman—W. N. Ramey, M.D., Lincoln, Neb.
Vice Chairman—D. P. Borden, M.D., Patterson, N. J.
Secretary—C. M. Chandler, M.D., Salt Lake City, Utah.

1. Relation of the Physician to Public Health.....L. A. Perce, M.D., Long Beach, Cal.
2. Subject Unannounced.....G. W. Harvey, M.D., Big Pine, Cal.
3. Public Health in the Southern States.....A. W. Berrow, M.D., Hot Springs, Ark.
4. Subject Unannounced.....H. B. Cummins, M.D., Seward, Nebr.

SECTION VI—MENTAL AND NERVOUS DISEASES.

Chairman—F. S. Peck, M.D., Oklahoma City, Okla.
Vice Chairman—W. M. Hamlin, M.D., St. Louis, Mo.
Secretary—W. E. Postle, M.D., Columbus, Ohio.

1. Splanchnic Neurasthenia, Its Influence on the Nervous System..... A. S. Tuchler, M.D., San Francisco, Cal.
2. Dipsomania.....Amos J. Givens, M.D., Stamford, Conn.
3. Some Mental and Physical Phenomena Following Orificial Surgery.. .....D. E. McCarty, M.D., Elreno, Okla.
4. Are the "Jews" Consumed by Insanity?.....T. D. Adlerman, M.D., Brooklyn, N. Y.
5. The Insanities of the Puerperal Period.....T. D. Adlerman, M.D., Brooklyn, N. Y.
6. Adaptation of Life to Environment...J. A. Munk, M.D., Los Angeles, Cal.
7. The Proper Care and Treatment of the Insane....W. E. Postle, M.D., Shepard, Ohio.
8. The Potency of Orificial Surgery in Psychosis...B. E. Dawson, M.D., Kansas City, Mo.
9. Some Causes of Nervous Phenomena.....G. H. Stagner, M.D., Guthrie, Okla.
10. Heredity and Treatment.....Frank P. Davis, M.D., Enid, Okla.
11. Psycho-therapeutics.....F. S. Peck, M.D., Oklahoma City, Okla.

SECTION VII—GYNECOLOGY AND ORIFICIAL SURGERY.

Chairman—O. C. Welbourne, M.D., Los Angeles, Cal.
Vice Chairman—B. E. Dawson, M.D., Kansas City, Mo.
Secretary—M. B. Pearlstein, M.D., Brooklyn, N. Y.

1. The Operative Technique of Perineorraphy.....Ada Scott Morton, M.D., San Francisco, Cal.
2. Gynecology in General Practice..L. A. Perce, M.D., Long Beach, Cal.
3. Cause and Treatment of Pelvic Peritonitis..B. Roswell Hubbard, M.D., Los Angeles.
4. Placenta Previa.....O. C. Welbourne, M.D., Los Angeles, Cal.
5. Common Sense Obstetrics.....G. W. Harvey, M.D., Big Pine, Cal.
6. Cervical Stenosis or Painful Menstruation; Its Electrical Treatment. A. S. Tuchler, M.D., San Francisco, Cal.
7. Sterility.....K. E. Seeberger, M.D., Los Angeles, Cal.
8. Pulsatilla in Inefficient Labor..Herbert T. Webster, M.D., Oakland, Cal.
9. Gonorrhea.....H. W. Cook, M.D., Long Beach, Cal.
10. Placenta Previa—Puerperal Eclampsia.....C. M. Chandler, M.D., Salt Lake City, Utah.
11. Prophylaxis in Gynecology.....Ella M. Caryl, M.D., Los Angeles, Cal.
12. Obstetrics in the Country...W. W. Winer, M.D., Honey Grove, Texas.
13. Habitual Abortion; the Cause and Prophylaxis Before Conception. E. L. Smythe, M.D., Bremerton, Wash.
14. Hydramnios.....H. V. Brown, M.D., Los Angeles, Cal.
15. The Don'ts of Orificial Surgery...A. J. Atkins, M.D., San Francisco, Cal.
16. The Medical Cure of Cancer in the Female.....W. J. Rouse, M.D., Williamsport, Pa.
17. The Female Aspect of Child Labor.....M. B. Pearlstein, M.D., Brooklyn, N. Y.

SECTION IX—PEDIATRICS.

Chairman—W. N. Mundy, M.D., Forest, Ohio.
Vice Chairman—J. O. Cummings, M.D., Nashville, Tenn.
Secretary—Rosa B. Gates, M.D., Waco, Texas.

1. Infantile Colic.....J. Walter Pruitt, M.D., St. Louis, Mo.
2. Diseases of the Heart in the Babe..T. A. E. Evans, M.D., Farmers, Ky.
3. Lengthening Tendons in Infantile Paralysis.....H. A. Shafor, M.D., Detroit, Mich.
4. Rheumatism in Children.....J. F. Wuist, M.D., Dayton, Ohio.
5. Vaccination.....Charles W. Beaman, M.D., Cincinnati, Ohio.
6. Cow's Milk in Infant Feeding.....D. S. Pruitt, M.D., St. Louis, Mo.
7. Reflex Cough with the Report of Three Cases.....J. C. Entz, M.D., Hope, Kansas.
8. Broncho-pneumonia.....J. J. Terpenning, M.D., Fulton, N. Y.
9. Chronic Tonsillitis.....M. F. Bettencourt, M.D., Mart, Texas.
10. Circumcision and Fresh Air, Two Important Factors in Children's Diseases.....M. B. Pearlstein, M.D., Brooklyn, N. Y.
11. The Mother and Babe.....M. B. Morey, M.D., Smiley, Texas.
12. Pellagra.....Ivadell Rogers, M.D., Lawrenceburg, Tenn.
13. Scarlet Fever.....R. T. Rudd, M.D., Fulton, Ky.
14. Dentition.....Florence Stir Smith, M.D., Newark, Ohio.
15. Medication of Children.....C. W. Jester, M.D., Lincoln, Nebr.
16. Tonsils and Adenoids.....H. V. Brown, M.D., Los Angeles, Cal.

SECTION X—PATHOLOGY.

Chairman—S. M. Sherman, M.D., Columbus, Ohio.
Vice Chairman—G. E. Potter, M.D., Newark, N. J.
Secretary—F. J. Nifer, M.D., South Bend, Ind.

1. Surgical Pathology of the Prostate Gland.....E. B. Shewman, M.D., Cincinnati, Ohio.
2. Orthopedic Pathology.....T. C. Young, M.D., Glendale, Cal.

SECTION XI—GENITO-URINARY DISEASES.

Chairman—C. E. Laws, M.D., Ft. Smith, Ark.
Vice Chairman—B. C. Minkler, M.D., Des Moines, Iowa.
Secretary—G. O. Hulick, M.D., East St. Louis, Ill.

1. Cystitis with Especial Reference to the Condition in the Newly Married.....W. E. Aubuchon, M.D., Frankclay, Mo.
2. Enlarged Prostate.....G. O. Hulick, M.D., East St. Louis, Mo.

SECTIION XII—OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY.

Chairman—R. C. Heflebower, M.D., Cincinnati, Ohio.
Vice Chairman—U. J. Kidd, M.D., Burlington, Ind.
Secretary—W. W. Maple, M.D., Des Moines, Iowa.

1. Ocular Headaches.....E. J. Buten, M.D., Newport, Ky.
2. Trachoma among the Indians...Judson Liftchild, M.D., Ukiah, Cal.
3. Exercise for Strengthening the Ocular Muscles.....E. P. Whitford, M.D., Bridgewater, N. Y.
4. Methods of Testing Hearing.....J. Fraser Barbrick, M.D., Los Angeles, Cal.
5. Some Results in Nose and Throat Surgery.....S. A. Lutgen, M.D., Wayne, Nebr.
6. Eye, Ear, Nose and Throat in General Practice....L. A. Perce, M.D., Long Beach, Cal.
7. Acute Nasopharyngitis.....L. J. Wottring, M.D., Cincinnati, Ohio.

8. Therapeutics of Eye, Ear, Nose and Throat Diseases.....Herbert T. Webster, M.D., Oakland, Cal.
9. Cataract Operation.....John H. Powell, M.D., Atlanta, Ga.
10. Treatment of Inflammatory Conditions of the Eye by Physical Methods.....A. S. Tuchler, M.D., San Francisco, Cal.
11. A Plea for Conservation in Tonsillar Surgery.....R. C. Heflebower, M.D., Cincinnati, Ohio.
12. Manual Manipulation of the Pharyngeal Orifice of the Eustachian Tube in Catarrhal Deafness...M. M. King, M.D., Los Angeles, Cal.

Utica, N. Y., December 26, 1914.

T. D. Adlerman, M.D.:

I am writing to you, as Secretary of the Eclectic Medical Society of New York State, hoping you will be able to tell me the names of Eclectic physicians located near Utica. At present there is no Eclectic physician here, since Dr. Gillaume's health failed. He had an immense practice, and there is no reason why a good Eclectic M.D. could not do well here in Utica, a city of eighty-five thousand (85,000) population. Would you kindly use your influence to induce such an M.D. to locate here.

Respectfully yours,

Miss Mary H. Evans.

CLUB RATES.

The various Eclectic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent. reduction where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Medical Journal, 5255 Page Ave., St. Louis, Mo.....	$1.00	$ .90
California Eclectic Medical Journal, 818 Security Bldg., Los Angeles, Cal.	1.00	.90
Eclectic Medical Journal, 630 W. 6th Street, Cincinnati, Ohio.....	2.00	1.80
Eclectic Medical Review, 242 W. 73d St., New York, N. Y.....	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.....	1.00	.90
National N. E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio...	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.....	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and a 10 per cent. discount allowed on an order for two or more journals, including this journal.

READING NOTICES.

General Practice as a Specialty.—General practice has, in a certain sense, become a specialty. It is true that its ranks contain a larger number than any other branch of the profession, but the large increase of the number of whole-time appointments and of specialists of every conceivable variety in the last few years and months raises a doubt as to how long this numerical preponderance will obtain. But we are at least assured that there is no danger of the extinction of the general practitioner. The intimate personal relation between the individual patient and his doc-

tor is an essential factor which no changed conditions can completely eliminate. It is on the general practitioner that the eyes of the public and the profession are now turned, and we are confident that the trust will be completely justified.—*British Medical Journal.*

Whether telephone consultations constitute professional service will receive judicial interpretation when the claim of Dr. Cooley B. Van Meter against the estate of the late John Hauser, Indian painter, is determined. Payment has been refused, it is alleged, and suit has been entered. The account totals $300, and the charges are at the rate of $2 for home visits, $1 office calls, and 50 cents, each, for telephone consultations.

The Dietetic and Hygienic Gazette, which is just completing the thirtieth year of its existence, has been purchased by the Critic and Guide Company, and, beginning with January, 1915, will be consolidated with the Critic and Guide, and the combined journals will be under the editorship of Dr. William J. Robinson. The offices of publication are at 12 Mt. Morris Park W, New York City.

The Cost of White Plague in the United States.—Statistics prepared by the National Association for the Study and Prevention of Tuberculosis show that more than $20,000,000 was spent in the United States in 1914 in the fight against the white plague. The growth of the open-air school movement is shown by the fact that last year more than $300,000 was expended for this purpose, as against $10,000 five years ago. New York spent more money in its 1914 tuberculosis campaign than any other two States. Illinois, Pennsylvania, Massachusetts and Colorado followed in the order named.

More Insane in Hospitals Now.—The number of patients in insane hospitals is increasing. This is shown by the census report today. The bureau, however, says the increase in the number of insane under institutional care does not in itself prove conclusively an increase of insanity in the general population outside of institutions.

The number of insane reported in institutions increased from 150,151 in 1904 to 187,791 in 1910—an increase of 25 per cent. in six years. The total population in the same period increased only 12 per cent., thus showing the insane in institutions increased twice as fast as the population.

In 1904 out of every 100,000 persons in the total population, 184 were reported in institutions for the insane; by 1910 the number had increased to 204. In other words, in 1904, one person out of every 543 was confined to an institution for the insane; in 1910 one out of every 490.

Admissions to these institutions showed a marked increase, 60,169 persons having been admitted in 1910 against 49,622 in 1904. These increases, the report says, are at least partly attributable to the extension of the provisions made for the care of the insane and to the growth of the practice

of placing them in institutions. In the interval between 1904 and 1910, the number of institutions for the insane increased from 328 to 366, the average number of inmates per institution increasing from 458 to 512.

The popular impression that loneliness of country life is an important cause of insanity is not borne out by the statistics, which indicate that more insanity is due to the stress and strain, the keener competition, the congested housing conditions and the vice and dissipation of city life.

In proporton to population, the number of inmates of hospitals for the insane received from urban communities is twice as great as the number received from rural districts. Of the 60,769 persons admitted to insane hospitals in 1910, 36,654 come from cities, villages or other incorporated places of more than 2,500 inhabitants, while 20,442 came from the smaller towns or country districts, leaving 3,673 for whom the place of residence was not reported. From rural communities 41 insane persons were admitted per 100,000 population; from the urban communities the ratio was 86 per 100,000.

DRUG HABITUES NOT SO NUMEROUS.—That the number of persons in the United States addicted to the habitual use of narcotic drugs is not nearly so large as has been supposed is the conclusion of the Public Health Service in a report today. It had been estimated that between one and two per cent. of the population were drug habitues.

Declaring that while this estimate is undoubtedly too high, the report says that the figures show the existence of all-too-many habitual users of narcotic drugs. The belief is expressed also that the evils due to the improper use of such drugs have been greatly exaggerated.

The conclusions are based on data furnished by the Tennessee authorities, which, the report states, shows that during the first six months of the operation of the State anti-narcotic law 1,403 permits were issued to persons allowing them to purchase narcotic drugs, and also on figures giving the approximate number of average doses of habit-forming drugs imported into the United States in 1911 and 1912 being, respectively, 3,040,900,000 and 2,308,700,000.

On the basis of the figures for the years named, the report says it would appear that, basing an estimate on the average consumption of the drug habitue in Tennessee, each addict would consume approximately 1,000 doses each month, or 12,000 doses a year.

The State of Tennessee, the report states, contains approximately two per cent. of the total population of the United States, and on the supposition that the same ratio of the number of addicts and the amount of material consumed will hold good throughout the United States, we would have a total of something more than 70,000 drug habitues, consuming approximately 850,000,000,000 average doses per year. This quantity probably is somewhat low, but it is fair to assume that not more than double this amount or approximately 1,700,000,000 average doses are consumed annually by drug habitues.

NEW MEMBERS TO NATIONAL FROM AUGUST 1, 1914, TO FEBRUARY 20, 1915.

ARKANSAS.

Jackson, G. F., Little Rock.
Jernigan, A. W., Tuckerman.
Marshall, L. L., Little Rock.
White, R. L., Earl.

CONNECTICUT.

Kelley, Chas., Pleasantville.

KANSAS.

Hays, H. L., 522 Minn. Ave., Kansas City.

MINNESOTA.

Hambroer Wm., Eden Valley.

MISSOURI.

Bromwell Geo. W. E., Kansas City.
Fields, Asa E., Kansas City.
Lancaster, K. R., Kansas City.
Stewart, Chas. M., Kansas City.
Vohs, Herman H., Kansas City.
Joplin, C., Joplin.

NEW JERSEY.

Bachman, Wm., 247 Littleton, Newark.
Liva, Arcangelo, 253 Stuyvesant Ave., Lindhurst.
Massinger, Chas. J., Butler.
Messinger, Samuel, 54 Orient Ave., Jersey City.
Mohrbach, J. J., 401 Bergen, Newark.
Nemirow, Martin, 171 Columbia, Passaic.

NEW YORK.

Bowen, A. H., Westfield.

OHIO.

Bame, S. R., Alvada.
Berry, J. T., 1605 Balto Ave., Cincinnati.
Nellans, Byron H., St. Mary's Hospital, Cincinnati.
Zeumer, E. P., R. F. D., Harrison.
Tarrant, Jennie S., 1553 Chase, Street, Cincinnati.
Witter, G. W., Lucasville.
Seitz, Wm., Portsmouth.
Urbain, V. P., Hamilton.

TEXAS.

Schultz, Carl, Corpus Christi.
Jones, J. M., Dallas.
Howard, I. M., Bagwell.
Saunders, J., Dallas.
Broonson, S. J., Ft. Worth.
Owens, J. F., Plain View.
James, D. E., Hebron.

WISCONSIN

Blay, H. R., Rewey.

Warning

OF UTMOST IMPORTANCE.

Warning! On and after March 1 it will be unlawful for you to have in your possession any opium or cocoa leaves, or any compound, manufacture, salt, derivative or preparation thereof (morphine, codeine, heroin, cocaine,, etc.) unless you have registered with the Collector of Internal Revenue of your district and paid the annual tax of $1.00. This is a law of the United States government and not a local or State law.

Without such registration, etc., you can not dispense or distribute any of the aforesaid drugs in any manner or for any purpose.

Having registered and paid the tax, you may dispense any such drugs in the course of your professional practice only, provided you keep a record showing amount dispensed, date, name and address of patient; but such record will not be necessary if you personally attend upon the patient. Record must be kept for two years subject to inspection.

Unless you have registered and paid the tax, and write your prescriptions in conformity with the law and regulations, your druggist can not dispense your prescriptions for such drugs.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

*Alabama—One board. Secretary, W. H. Sanders, Montgomery.
Alaska—Secretary, Henry C. DeVighue, Juneau.
Arizona—One board. Secretary, John Wix Thomas, Phoenix. Eclectic member, R. M. Tafel, Phoenix.
*Arkansas—Three boards. Secretary, Eclectic Board, C. E. Laws, Ft. Smith.
*California—One board. Secretary, Chas. B. Pinkham, San Francisco. Eclectic member, H. V. Brown, Los Angeles.
*Colorado—One board. Secretary, David A. Strickler, 612 Empire Bldg., Denver.
*Connecticut—Three boards. Secretary Eclectic Board, T. S. Hodge, Torrington.
*Delaware—Two boards. Secretary Homeopathic Board, H. W. Howell, Wilmington.
*District of Columbia—Three boards. Secretary Med. Supervisors, Geo. C. Ober, M.D., 125 B St., S. E., Washington, D. C.

*Florida—Three boards. Secretary Eclectic Board, H. J. Hampton, Tampa.
*Georgia—One board. Secretary, C. T. Nolan, Marietta. Eclectic members, A. F. White, Flovilla; O. B. Walker, Bowman; A. Fleming, Waycross.
Idaho—One board. Secretary, J. F. Schmershall, Jerome. Eclectic members, Russell Truitt, Cottonwood.
*Illinois—One board. Secretary C. S. Drake, Springfield. Eclectic member, E. S. Spindel, Springfield.
*Indiana—One board. Secretary, W. T. Gott, 120 State Capitol Bldg., Indianapolis. Eclectic member, M. S. Canfield, Frankfort.
*Iowa—One board. Secretary, Guilford H. Sumner, Des Moines. Eclectic member, G. F. Severs, Centerville.
*Kansas—One board. Secretary, H. A. Dykes, Lebanon. Eclectic member, A. S. Ross, Sabetha; F. P. Hatfield, Olatha.
*Kentucky—One board Secretary, J. N. McCormack, Bowling Green. Eclectic member, G. T. Fuller, Mayfield.
Louisiana—Two boards. Secretary Homeopathic Board, Edward Harper, 830 Canal Street, New Orleans.
*Maine—One board. Secretary, F. W. Searle, 8 Congress Street, Portland.
*Maryland—Two Boards. Secretary Homeopathic Board, O. N. Duvall, 1870 Fulton. Street, Baltimore.
Massachusetts—One board. Secretary, Walter P. Bowers, Room 159 State House, Boston. Eclectic member, A. L. Chase, Randolph.
*Michigan—One board. Secretary, B. D. Harrison, 504 Washington Arcade, Detroit. Eclectic members, Wm. Bell, Belding, Nelson McLaughlin, Lake Odesso.
*Minnesota—One board. Secretary, Thomas S. McDavitt, Lowery Bldg., St. Paul.
Mississippi—One board. Secretary, E. H. Galloway, Jackson.
*Missouri—One board. Secretary, J. A. B. Adcock, Jefferson City. Eclectic member, T. A. Son, Bonne Terre.
Montana—One board. Secretary, W. C. Riddell, Helena.
*Nebraska—One board. Secretary, H. B. Cummins, Seward. Eclectic member, H. B. Cummins, Seward.
*Nevada—One board. Secretary, S. L. Lee, Carson City (Eclectic).
*New Hampshire—One board. Secretary, Henry C. Morrison, M.D., Concord; Eclectic, W. H. True, Laconia.
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PNEUMONIA.

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We all enjoy the papers that recount recent progress whereby diseases that long inspired terror have been either greatly modified or wholly stamped out. Some of us resent, with positive dislike, the speaker or writer who tries to direct attention to diseases that still levy their annual toll of mortality. It is exasperating that achievement is so nearly offset by failure. All physicians of all schools must be intent to increase the repute of medicine and to remove still remaining grounds for reproach. Conspicuous in this connection is the present status of the attempt to deal with the malady I have made the title of this paper.

The public is predisposed favorably toward the doctor, gives him credit every day for good results to which he has in no way contributed, and when he fails to avert death all are quick to admit that everything possible was done. All agree he will soon do wonders. This uncritical attitude of the laity is a chief reason for the survival of the unfit medical man, and helps to account for the fact that treatment prejudicial to recovery is often adhered to for many successive generations.

Pneumonia urgently calls for restudy and radical revision of treatment. For some reason it has failed to share in the modern medical progress to which we point with pride.

Preliminary to such reconsideration of pneumonia, it seems almost necessary to ask you to discard all you have previously learned from your teachers and text-books. Most of you have already discarded the established treatment. Lest any imagine these statements extreme or exaggerated, we submit them to the test of high medical authority; all will concede Prof. Wm. Osler stands near the head of the list. In his "Principles and Practice of Medicine," he tells us "pathologists have recognized three stages—engorgement, red hepatization and gray hepatization." Noting these in the order of their manifestation seems to have satisfied him. He accepts the old pathology of inflammation and indorses the worst features of the old treatment. It should not surprise us, therefore, that he confesses to the terrible mortality of over 30 per cent.

Filling for many years positions which brought thousands of pneumonia cases under his immediate care and observation, together with the

light shed by at least one series of a hundred autopsies, he seems to have learned nothing; he declares pneumonia to be one of the most widespread and fatal of all acute diseases, outstanding even consumption as a cause of death. He names toxemia as the chief lethal agent, but admits that pneumococci do not produce a soluble toxin and only regards it possible that a poison is present in the germs themselves. Declares we know nothing practically of the conditions under which pneumococci live outside the body, or how they gain entrance in healthy individuals, but concedes they are habitually present on the mucous membrane of the mouth and throat of people in health. So far as can be gathered from Professor Osler's great work, found in most physicians' offices, Frankel's demonstration of the diplococcus pneumonia was of no therapeutic value or importance. All agree that the pneumococcus is the sole cause of lobar pneumonia, but they devise and advise treatment without reference to the cause.

It may not surprise us, therefore, to find the established treatment haphazard and ill-advised. Not merely inefficient, but often positively injurious. If any desire more definite knowledge of the biology of this coccus, particularly as to how it gains entrance, they will not depend on Professor Osler. He doesn't know and admits it; he says pneumonia is a self-limited disease, uninfluenced in any way by medicine, yet, for some unexplained reason, the treatment he advises calls for a quite unusual number of drugs. He even says "to bleed at the outset in robust and vigorous cases is, I believe, good treatment."

The world's greatest newspaper of Chicago employs a medical man to tell us "how to keep well." His counsel is usually judicious. He is rated as an authority; his space in a recent issue is devoted wholly to discussion of pneumonia. A careful reading fails to show how it is going to help anybody keep well, or afford help to a victim of pneumonia. He says: "The pneumococcus does not exist outside of the body; the man who harbors the germ may convert it to one capable of causing pneumonia, or heart disease, or rheumatism." He also tells us the pneumonia coccus, in order to cause pneumonia, enters the blood; and that before the pneumococcus can get from the tonsils into the blood it must be partly dissolved, at least changed in part, and that this is what is taking place in the few days of the bad cold that so often runs into pneumonia. All this is important if true, but there is real certainty in his further statements. "There is no treatment; the medical profession has nothing to offer; sanitariums have nothing to offer; if you go to your health department for guidance in the prevention of pneumonia, it can offer you nothing that has been proved. It will tell you that the pneumonia situation gets worse every year; that the reason there has been so little manifest interest is because nobody has had anything to offer."

It goes without saying that the doctor refers to the old school. His contention is well taken as to their total incompetency to deal with pneumonia.

Nevertheless, it is a benign infection that, properly understood, and rationally treated, rarely proves fatal.

The causal germ habitually found on the mucous membrane of mouth and throat in healthy individuals is innocuous, and gives no sign of its presence as long as the epithelium is intact. When the flattened connective tissue cells composing this protective lining are raised and slightly separated, as occurs in a bad cold, pneumococci are quick to avail themselves of the opportunity to squeeze through onto the subepithelial tissues, just as hogs pour through a gape in the fence that bars them from the cornfield. Hence the common belief that colds cause, or, as Dr. Evans has it, "run into pneumonia." The damage done the pulmonary epithelium by a severe cold and coughing permits pneumococci to gain access to the lung parenchyma. They secure there the adequate nutriment to rouse them from a dormant state to full biological activity, including their prodigious power to multiply. Nature instantly notes the invasion and how it menaces life and well being.

The activity of the foe, coupled with the power to furnish unlimited recruits, make a policy of "watchful waiting" inadvisable. The natural plan and method of defense has a two-fold object; to confine them to the the area already occupied, and make the barrier to movement so close and rigid they must succumb to the toxin of their own excretions. The blood in circulation is the sole source of supply for erecting such a barrier. Hence a large volume of it is rushed to the infected lung, filling its vessels to repletion, and greatly augmenting its volume, weight and density. The constituent best suited for barricading is the leucocyte, but the supply present is inadequate, so everything entering into its composition, red and white discs, fibrin, exudates, areolar and alveolar cells, etc., etc., are pressed and impacted into the loose spongy parenchyma about the focus of infection, erecting an impassable barrier to movement and arresting their power to multiply. Some materials thus hastily used soon disintegrate and liquify. In anticipation of this, the leucocyte factories have been running night and day at full capacity, and the product has been used to replace the short-lived materials of the barrier, making it still more dense by packing even the air vesicles, bronchioles, capillaries and interlobular spaces, arresting not only the activities of the pneumococci, but shutting off the circulation of blood and air. These last finishing strokes render the barrier dense and permanent enough to insure destruction of the invaders, and simultaneous arrest of the disease they had caused. Incidentally the color which the lung had assumed, a dull red, suggesting to nosologists the title *"red hepatization,"* is now a grayish white, long known as *"gray hepatization,"* and sometimes *consolidation.*

Misconstruing the steps of nature's method of cure as pathological, or stages of disease, has led to phenomenal blunders of treatment. "Engorgement," for instance, long thought the work of the devil, so unmistakably called for blood letting; the lancet was kept in every doctor's pocket,

and was the first weapon in all pneumonia cases. Naturally enamored with his opinions and measures he clung to this desperately, underterred by constantly increasing mortality. Our great examplar has already been quoted, calling it a good treatment for robust and vigorous cases. But we should not worry. If a doctor should appear at a pneumonia bedside with blood in his eye and lance in hand, he is not likely to get consent of the other party.

We talk vaguely of assisting nature; let us at least refrain from futile opposition. Who of us can suggest a better method of defense, or do anything directly to arrest the depredations, or put a final quietus on pneumococci? It behooves us to view nature's method reverently. The whole process is a work far transcending human skill. All we can do is to try to secure favorable conditions for erecting and perfecting her barricade, and at the same time afford such aid as possible to enable the victim to endure the unavoidable pain and discomfort it imposes. Respiration, aeration and circulation of the blood are especially and directly interfered with. The barrier occupies so much of the respiratory area the right heart can not completely empty itself; the consequently lessened amount of incompletely aerated blood returned to the left ventricle is far below the requirements of nutrition, inducing distressing air hunger and marked prostration. The pulse, at first full and bounding, soon becomes small and quick, which, with partial cyanosis and hurried shallow respiration, would excite fear of heart failure if the doctor did not comprehend the situation. Such mistakes are very common and lead to various measures supposed to support the heart, which is in no need of support, but is adjusting with admirable nicety its efforts to meet the exigencies of the required blockade.

The human organism is in stress, no energy can be dissipated in exaction not needed to sustain life. Movements that can not be wholly suspended must be restrained as much as safety permits. As a rule we will forbid an attempt even to reach home and friends or a more sanitary environment. The patient is placed in bed and enjoined to avoid effort of any kind, even talking. If severe pleuritic pain, or great restlessness from any cause render it impossible to maintain the needed quietude a hypodermic of one-eighth grain of morphine is quite justified. A single dose is nearly always sufficient. The barricade will admit of only shallow quick respiration, and entail extreme reduction of the force of the heart's contraction, but the attending physician, if wise, will not try to goad or spur a heart so nicely conforming to a difficult situation; will have no use for digitalis, veratrum, strychnine, or bags of oxygen. He will exhort to patience and fortitude, with assurances of the complete relief near at hand.

Subsidence of fever, and general return to normal, will occur almost simultaneously with the death of the pneumococci. Moreover, restoration is complete. The barricade is removed as quickly as it was erected, and the human organism thus rescued from an encounter with one of its worst enemies is very soon exercising all its functions with comfort. I would

gladly end here, this paper already much too long, but there is an obligation to speak the whole truth which can not be evaded, even though it constitutes a severe indictment of the whole medical profession.

The pneumonia coccus does not confine its depredations to the lungs. It is quite as ready to assail the subepithelial tissues elsewhere, whenever the protecting epithelium has been so damaged it no longer bars them out; such damage is often inflicted on the epithelium of the mucous membrane of the alimentary canal by purgatives. This is indeed a wanton co-operation with the enemy, as common as it is unfortunate. Pathetic is the spectacle often presented, when, after nature has the invaders in the lungs well in hand, and in process of dissolution, she is overwhelmed by a ruthless horde of the same ravening germs swarming through the damaged epithelium of the alimentary canal. Such re-enforcement of the enemy at this critical moment will be signalized by epigastric and abdominal tenderness, anorexia, meteorism and extreme adynamia. Death usually ends the unequal conflict, although, except for the ill-timed physic, recovery was assured. Because of the almost universal bad habit of taking physic, the above named abdominal lesions will often be present when you first see your patient. In all such cases prognosis is guarded.

Osler advises you to guard against meteorism, but in the next breath gives his first prescription, calomel and salts, with direction to repeat as needed to keep the bowels open. We now wonder that his per cent. of fatality did not exceed even thirty, and can better see why he suspects a poison present in the germs themselves. Calomel is the most objectionable cathartic, and the one most frequently chosen. Its bad pre-eminence is due to the fact that but a single additional acid molecule converts it into corrosive sublimate, an intense irritant, that unfits the epithelium for defense against germ invasion.

But this is another case where "Ephraim is joined to his idols." The washed sow is not more inclined to return to wallowing in mire than most doctors are to return again to calomel. The surgeon general of the United States army in the early days of the civil war, noting how the ranks of the union soldiers were decimated by this deadly drug, attempted to eliminate calomel from the list of medical supplies. The consternation created by this humane order in the great medical profession was extreme, and such pressure was brought to bear on the government for its rescinding that the best the harrassed surgeon general could obtain was a compromise, allowing a small amount on special requisition. With this loophole the doctors managed to evade the order and get their favorite drug. It only entailed more deaths among men where death was common any way. The effort was not wholly lost however; from that time may be traced a very general and remarkable tendency the world over to reduce the dose. The prescription formerly calling for twenty grains and upward is now satisfied with a fraction of a grain to a grain. Thus minimized, many Eclectics are toying with it, and it is appearing, with apparent approval, in

Eclectic medical literature. Is it any wonder our old school friends question the need of longer keeping up a distinct school? Is it not becoming more and more difficult to justify? If human life has a tithe of the value supposed, and premature death is deplorable, the account against calomel to-day requires astounding figures. Its use in the treatment of pneumonia in the last hundred years has caused more deaths than war and pestilence combined. When to this is added the appalling list of those who, because of it, have succumbed to attacks of typhoid fever, appendicitis and children's diseases, the total staggers the imagination. Nevertheless, it is doubtless more frequently prescribed by physicians to-day than any other drug in the pharmacopeia.

A famous college of pharmacy has strained at many medical gnats, but has easily swallowed the calomel camel. Permit me to add in closing, the death rate in pneumonia could be reduced to less than one per cent. by refraining from cathartics, and from interference with nature's defense.

It has already been intimated that doctors are inclined to keep the beaten path of treatment; this naturally comes from the fact that text-books are largely compiled from preceding text-books. The result is that an authority is eventuallly established which is consulted by the doctor to meet the emergencies as they arise. "Supposed to be useful in such cases," or, "prescribed by leading physicians," are sufficient warrant for prescribing most any drug. Each succeeding year the habit of submitting to authority and following a routine practice increases, with less and less thought or investigation of special indications. Only so could the methods and measures of the dark ages have been perpetuated down to the present time. Nothing else can show this better than the child-like acceptance, century after century, that pneumonia is inflammation of the lungs in which there are three stages; "engorgement," "red hepatization" and "gray hepatization." The treatment based on this total misconception you all know, and you very well know, too, how long it required and the tremendous loss of life it caused before it was abandoned. Calomel has, from its first introduction into the armamentarium medicorum, shown itself the arch enemy of human life. Bear in mind that the present indictment of this drug does not refer to mercurial poisoning, ptyalism, or necrosis. Formidable as those results were, they fade into insignificance compared to its role as the gate opener for pathogenic germs. This is what makes it the ally of all germ diseases, so often contributing reinforcements of microbic enemies beyond the power of the body to tolerate or control.

The *raison d'etre* of Eclecticism was the great need of some relief the sick were demanding from the ill-advised, heroic assaults of ignorant doctors. If Eclectics had not departed from the teaching of their forbears, but had maintained the war they inaugurated against calomel until it was never more thought of as a remedy, their title to the name of benefactors of the race would be beyond question. With such substantial service to

our credit, there would be no ground on which to contest the need of our continued existence as a separate school of medicine.

DISCUSSION.

Dr. B. K. Jones (Kenton, Ohio): This is a very excellent paper, and I am glad Dr. Church gave it to us. It seems to me that the first rule we ought to lay down is "Do no harm," and the next, "Do all the good you can." It seems to me there has been more harm done in the mistreatment of pneumonia than in any other disease. You can take it as a basic fact that all over-stimulation is followed by a corresponding degree of depression. The idea seems to prevail in the minds of a good many that the heart is weak and needs to be stimulated, and they give digitalis and continue to give digitalis in increasing doses until the patient dies; and others give enormous quantities of whiskey, firing up the blood still more. Both of these are barbarous. Dr. Church did not tell us very much about the treatment, but I think the best thing that can be used in pneumonia, not only in children, but I have felt the effect of it myself. If ever you have suffered from dyspnea you know what a distressing feeling it is to be unable to get your breath. For this I use the old-fashioned emetic powder. I instruct the nurse to mix an equal quantity with lard and spread it on a cloth as you would a mustard plaster, and then to avoid the disagreeable crumbling when it dries, lay a piece of cheese cloth over it and stitch it around the edges; cover it with a hot application, two or three thicknesses of hot flannel, and change it every fifteen minutes; and in less than an hour this dypsnea will have subsided. As for treatment internally, I use the compound stillingia liniment more than any one thing. Put four or five teaspoonfuls in a half glass of water and give a teaspoonful every half hour in extreme cases until the patient gets relief, and then lengthen the time.

Dr. Holmes (Pennsylvania): We know that pneumonia is a dread disease, and one that appears to be prevalent almost as much as tuberculosis. It is a disease that should be discussed, and if there is any way of getting at the bottom of it and finding a cure, I want to know it. I have observed this, that it is more prevalent among babies and old people, and it is almost always fatal in those cases. In babies it seems to me the tissue is so tender that the poison of pneumonia works so rapidly that the doctor can do nothing. Very often we are called when the baby is dying. The reason of the deaths in the old I have observed many times to be because of sclerosis of the arteries, and when we give our prognosis we have to take this into consideration. If we have something that puts a great deal of work on the heart, when pneumonia sets in the heart is not able to do the work. Now, as to my treatment: I invariably give veratrum and bryonia the first thing, and I use the emetic powder locally. I get good results from that. Of course, what you want to do is to break the fever if you can. If you can not do that the disease will get ahead of you. In regard to calomel: If calomel opens the doors for infection, why would it not open the doors to throw it off? I give calomel in very small doses, one-tenth grain every half hour.

Dr. Carriker: In treating pneumonia I simply do this: I look after elimination, because elimination and restoration and restriction are synonomous terms. I stop feeding and let my patient fast. I use the natural method of elimination; I have the nurse flush the colon every day once, and possibly twice, and I use Epsom salts in the water. I have the body sponged several times a day. Locally, I use hydrotherapy always when it is necessary, and that is whenever there is pain and labored breathing. I

use hot applications in all mild cases, and when the temperature rises I use cold applications on the lungs and never change until reaction has taken place, which is indicated by the application becoming the same temperature as the body. This, I think, is the logical treatment.

Dr. R. J. Lambert: In the seven years I have been practicing, I have not signed a death certificate on account of pneumonia. I do not use strychnia except as a last resort. I use calomel if the indications are present. I use stillingia liniment. I, of course, flush the bowels when it is necessary. I think the trouble is that often the physician does too much. They try to do too much, and they hasten death instead of preventing.

Dr. Burnett (Ohio): I would like to add to that, plenty of fresh air.

METRITIS.

Wesley Van Nette, M.D., Clyde, Ohio.

Metritis, or intrauterine inflammation in which a bloody pus fills the cavity. The woman is weak, nervous, despondent, cries, has pain in the back, head, etc.

Treatment.—About two or three days after menstruation stops, clean the cervix and canal, then enter probe to learn if the cavity is open, and ascertain the condition.

Then inject with a glass syringe a solution of thuja, echinacea and lysol in glycerine, beginning with a small dose, or better still, swab out the cavity so as not to force the infections into the Fallopian tubes. The solution should be *warm*. Repeat two to four times, then follow with a solution of iodine and carbolic acid in glycerine two to four times. The solution to be held in place by a syringe, then when the syringe is withdrawn the solution will flow out, and can be mopped out with cotton, and repeated as described.

These treatments to be given between two to ten days after menstruation, but in beginning cases three to four times between the menstrual periods, but as the case improves the uterine cavity contracts, and after that the uterine cavity will be closed after about ten days; and if any fluid is injected *after* that time, uterine colic ensues. Hence, about two treatments only can be given, from this time on, between the menstrual periods. Several treatments will cure a mild or recent case, but chronic cases and where infection has got into the Fallopian tubes, a longer time is required.

I prefer this to currettement, it being usually free from pain, safe, mild and satisfactory. Overdoing or exhaustion will retard recovery or cause relapse.

Lately I attended a case of labor in which the membranes were grown fast throughout the entire uterine cavity. Later, I learned the woman had suffered with chronic inflammation a long time, and this gives an explanation as to the cause of these adhesions. The surface being inflamed will cause this complication.

DISCUSSION.

Dr. Daniels: He says he uses lysol. It is very good, but many times, if you are not careful, it is liable to burn. There is a preparation I would

like to call to your attention that is somewhat milder, and it does not burn; it is called benathol.

Dr. Hufnail: I know the benathol people and product, and I have used it a great deal. I think the doctor will find it is more of a soap than lysol, with less of the phenol constituent in it—but it will not touch bottom. There is only one thing in my opinion that will, and that is carbolic acid and iodine. In our curetage we sweep the uterine cavity with pure carbolic acid and iodine.

Dr. Woodward: How long does it take to cure a severe case of chronic endometritis?

Dr. Van Nette: Ordinary cases, probably one-half to a dozen treatments. I have cleaned up two cases in three treatments. In the beginning you would treat every two or three days during the first month. Do not give more than two or three treatments before menstruation. If you go beyond that time you will set up a uterine colic. Do not inject very much in the beginning. It is a good plan to wash it out until the uterine cavity is empty before you begin, or you will work the infection up into the tubes. They are the ones that will return. We can get the uterine cavity absolutely clean and healthy, and if there is an infection of the tubes it will work down and reinfect the cavity. So it is well to keep watch of these cases for sometimes, even after they are apparently cured, they are infected again.

I had one case where the woman had a cavity as large as a turkey egg. You would be surprised how large these cavities are. I cleaned that out, and if I remember, five treatments cured that case. Some three or four years after she married, and they now have a baby about two years old, whereas conception before was out of the question.

PITUITRIN.

J. R. Spencer, M.D., Cincinnati, Ohio.

I want to say a few words. Owing to sickness in my family I was not able to write my paper, and I know you will excuse me if I send it to the committee for publication later on.

I would like, however, to talk a little bit about pituitrin, in order to get it before this audience. I only want to take a few minutes, and let you discuss the subject. Some time ago pituitrin was introduced to the medical profession as a stimulator of labor pains, and we were all glad, because we had failed so many times with quinine and strychnine and ergot, and if we could find something that was successful we were very glad. And so we commenced to use pituitrin. It has worked various ways in different doctors' hands, as I understand, and as we may bring out in the discussion here. In my hands it has been a happy agent in my work. I know of nothing that has given me so much satisfaction as a stimulator of labor pains as pituitrin, for two or three reasons.

The first reason is that it acts so quickly. I have given it as a stimulator and had results in from five to eight minutes, hardly ever longer than ten minutes.

Now, what are the conditions under which it should be used? There are two conditions when in my practice I use it—to stimulate labor pains, given hypodermically, but it should never be given except when the os is

thoroughly dilated and the condition of the parts is favorable for delivery. If you give it any other time than that, you are likely to get into trouble.

I advised it very strongly in my teaching of obstetrics this winter and spring, and just before the course was ended one of the students told me that Dr. Kautz said he would never use pituitrin again. I asked why, and this student said that he fouud it produced asphyxia of the child when it was born. I only remember one case in the last two years like that, but I would like to have that brought out here, whether Dr. Kautz is right in this assertion. In my hands it has not proven to be a dangerous remedy. I do not feel that I could get along without pituitrin, but I am just as careful as can be about these two conditions—the lack of labor pains, and a perfect dilatation before using it—parts in good condition for delivery, and with these conditions it has never failed me in one instance, and I have been delighted with the use of pituitrin. I would like to hear what has been your experience.

DISCUSSION.

Dr. W. N. Mundy: I have not used pituitrin with as much success as Prof. Spencer. I have been using it for two years, but I can not say that my experience has been as successful as was expressed in our State society, when we had a discussion of about two hours on its uses. In the Maryland Medical Journal of recent date there is a long article on the use of pituitrin, by the staff of the Maryland General Hospital, and if you think the use of pituitrin is uniformly successful, they will convince you differently at the Maryland General Hospital. I have not had uniform success; in fact, I am disappointed. Only last week in a primipara whose first stage advanced nicely, everything seemed favorable, a woman of twenty-eight, the os dilated; the head came down to the superior strait, but there it stopped; and I thought, "Here is my chance to try pituitrin," so I gave her 20 c.c. hypodermically—no results in an hour; I gave another 20 c.c.; no result. Then I used the long forceps, and had results. I have had that experience, not once or twice, but many times, and I have almost come to the conclusion that I have just as good results from the use of quinine as from pituitrin. I sometimes think when a new thing is foisted on the market, especially along the line of serum therapy, we hurry to use it and attribute to it results that come from some other source. Many of the serums have been disappointing. I noticed just a short time ago in the Literary Digest, as coming over from Germany, the use of scopolamin and morphine in the "twilight sleep." We have been discussing that in our association for ten years, but I presume that many will use it now because it comes from Germany. I have heard doctors say they have discarded the use of forceps, and are using pituitrin, but my personal experience would not warrant me in making such an assertion.

So far as asphyxiation is concerned, I do not believe pituitrin would bring it about unless the labor was very prolonged. We have asphyxia when labor is delayed, but I do not think pituitrin is the cause.

Dr. C. A. Tindall: I was very glad to hear Dr. Spencer's talk, and sorry to hear Dr. Mundy, because my experience has been exactly like that of Dr. Spencer. My experience has not been so very extensive; I have only used it in eighteen cases, but it has been uniformly successful.

Dr. F. O. Williams: I would like to speak of one phase of pituitrin,

and that is where it is used when you use chloroform to rest the patient. I have used it a great many times when I wanted to use chloroform for complete anesthesia. I use the chloroform to rest the patient, and the pituitrin to stimulate, with good results. I have never been able to see the effect of pituitrin inside of twelve minutes, generally fifteen. I think the disappointment generally experienced in the use of pituitrin is because its effect is very transient. Usually it does not last over thirty minutes, and if you use it in a case where you could not ordinarily expect results in thirty minutes, you will be disappointed.

Dr. Mundy: Are your results uniformly successful?

Dr. Williams: No; I have never used any remedy that did not disappoint me sometimes, and this is no exception.

Dr. C. A. Tindall: I always inject right over the uterus itself.

Dr. Wiesner: I would ask as to its result as to lacerations. I have never used pituitrin, and am asking for information. At our last Missouri State meeting I was talking with a representative of P. D. & Co., and he insisted that pituitrin would convert an abnormal condition into a normal condition. Now we all know that a primipara is very seldom delivered in thirty minutes, and if this pituitrin converts an abnormal into a normal condition, then our primiparas must be abnormal. I would like to have Dr. Spencer give his experience with lacerations following these quick results.

Dr. Wm. E. Kinnett: I have used this to a considerable extent, but since I have begun the practice of medicine I have never found anything that would do the work every time in the same conditions. About two-thirds of the times where I have used pituitrin have been under the conditions Dr. Spencer has mentioned. I never have given it unless the cervix was thoroughly dilated, or in as near proper condition as I could determine, and in two cases I remember I gave three doses of it. It seems to me, as Eclectics, we are doing something rather peculiar to give one remedy under all conditions. We will be as bad as the old school. Do not let us get into a rut and think all we have to do is to give pituitrin in every case.

Dr. Smith (Newark, Ohio): In my cases, where labor ceases, I usually use hot water. That will bring on pains, and then I use Lloyd's hypodermic lobelia, and I get very good results without any lacerations.

Dr. Sherman: The conditions favorable for the use of pituitrin are also favorable for the use of the small forceps, and you can deliver the child that way, if you are careful, just as quickly as with pituitrin, and I believe much more safely. I prefer to use the small forceps rather than pituitrin or ergot.

Dr. Spencer (closing): In the first place I wish to say that I began to use pituitrin doubting that I would get just the results I did get.

One doctor asked about the lacerations of the perineum. I think there is no doubt that more perineums would be torn under the use of pituitrin than without it, for the reason that it increases the force of the pain, and if the perineum is not in just the right condition for delivery; if the head is forced down upon it when it is not just right for delivery, you would be a little more likely to have a torn perineum. That would be true if you stimulated labor by the use of any other agent, however.

As to the use of forceps, some women are so frightened at the idea of forceps, and some doctors can not handle them skillfully. Forceps in the hand of a skillful obstetrician is a God-send to womankind under proper circumstances; but in the hands of a bungler she may be torn. If it can be

done with pituitrin just as well, why not use it; for it makes a little more comfortable delivery. I am pleased with the use of pituitrin, because it has brought me success. It is a strange thing that one doctor will get results sometimes from a remedy that other doctors will not get results from. I do not know how that comes about. I believe however, that pituitrin, used under proper circumstances, will give results—maybe not every time, but in most instances.

VOMITING IN PREGNANCY.

THOMAS BOWLES, M.D., HARRISON, OHIO.

One of the most unpleasant wrongs of the pregnant condition is what is known as morning sickness, which varies in intensity from simple nausea to actual vomiting, the latter being worse or occurring soon after arising in the morning. It is usually an early symptom of pregnancy, in fact, it is very frequently the first symptom to occur after the cessation of the menstrual flow—and in those women who become pregnant during the period of lactation and before the menses have returned, it is quite frequently the first indication that the woman has of her condition.

Morning sickness, nausea and vomiting does not manifest itself in all cases of pregnancy, as many women are never sick at the stomach during the period of gestation, remaining perfectly free from this unpleasant condition throughout, from the time of conception to that of delivery. Women who are neurotic and those who have some form of uterine displacement, or chronic disease of the uterus and appendages, are more likely to be disturbed by the local disease causing the sickness to occur as a reflex condition, rather than that there is any actual wrong of the stomach.

In the neurotic woman the nausea and vomiting may not cease, as is usual at the end of the third or middle of the fourth month of gestation, but continues to become more aggravated as pregnancy goes on, and does not cease until delivery has taken place. This woman may become so sensitive that even the odor of victuals being cooked or the very thought of food may cause nausea or vomiting; and again, she may become so sensitive that even the sight of food will augment her desire to vomit. The neurotic woman very often has ptyalism as a complication of nausea and vomiting, which may become so excessive that as much as a quart of saliva may be spit out in the course of twenty-four hours. This constant drain on the system causing emaciation and exhaustion to such a degree that it may in some cases become necessary to resort to premature delivery to save the woman's life.

The uterine displacements, especially the retro-displacements, are a very frequent cause of vomiting in pregnancy on account of their mechanical effects. Retroversion and retroflexion have both been known to cause serious and persistent vomiting on account of the pressure of the uterus on the rectum, and when pregnancy takes place the displacement is exaggerated as the body of the uterus increases in size, and until the fundus clears the promontory of the sacrum and rises into the abdominal cavity, when there

may be some relief from the pressure heretofore exerted on the rectum, and the vomiting ceases because the mechanical effects of the displacement have been renewed.

It is a well-known fact that during an attack of dysmenorrhea vomiting is of frequent occurrence; this may be due to an increased amount of blood in the uterine vessels during the attack, or it may be due to the pain or over-sensitiveness of the muscular coats of the uterine body; and so in the earlier months of gestation there is frequently an over-sensitive or painful condition of the uterine muscle which may cause reflex vomiting, the same as pain in any other part of the body may cause vomiting. The uterine muscle is very likely to be over-sensitive when there is any chronic affection of the uterus, such as endometritis, endocervicitis, erosion of the cervix or cervical laceration due to previous confinement.

Diseases of the appendages, especially the chronic forms, cause chronic invalidism and exert an enfeebling influence on the digestive organs, and it is quite certain that when pregnancy occurs along with chronic salpingitis or chronic oophoritis there will soon be an increased amount of trouble in the diseased tube or ovary, and consequently an increased amount of pain and pressure will be exerted upon sensitive nerves and adjacent organs, causing reflex disturbances in the stomach.

Some women are so disturbed mentally when they find themselves pregnant that even the despondent condition may have its injurious effects upon digestion and the stomach rebels until the mental condition improves and the despondency gives way to a more cheerful state of the mind. Other women become angry and others extremely irritable in their disposition during early pregnancy, with a like effect upon the digestion. Sometimes I think if the woman could be kept in ignorance as to her being pregnant she would have less troubles arise, which are supposed to be incidental to the pregnant condition. There is no doubt but what morning sickness may be induced by the influences exerted upon the system by the mental disturbances which so frequently arise soon after the cessation of menstruation and the woman suspects pregnancy.

When we have wrongs of the stomach itself which may cause vomiting and which is not reflex from the internal genitalia, the woman may vomit on account of what is known as being bilious, which is manifested by the presence of bile in the material ejected each morning from the stomach. Constipation is a frequent cause of vomiting and must be overcome sometimes in order to relieve the nausea and sick stomach. The increased size of the uterus, with its corresponding increase of pressure upon the rectum, causes this undue constipation. Dr. Hirst, in his textbook of obstetrics, says: "If woman may be defined as a 'constipated biped,' the pregnant woman is 'a more constipated biped' and the puerperal woman, for reasons hereafter to be described, 'a most constipated biped.'"

Indiscretions in eating and an improper diet have a great deal to do in causing the pregnant woman to be sick at her stomach. Every physician

knows, who has much obstetrical practice, that a very large per cent. of pregnant women pay no attention whatever to hygienic living and are simply gormandizers, eating excessively of meats, and practically no cereals.

We might find many other causes of morning sickness, nausea and vomiting during pregnancy. I have tried to mention those which I think are the most common; those which we are called upon to treat most frequently.

In the treatment of these patients we will be guided by the same principles that we would be in treating similar conditions in other patients. We will endeavor to ascertain the cause in each case individually and remove it. The woman does not have nausea and vomiting simply because she is pregnant, but she does have nausea and vomiting because she has some existing cause which produces nausea or provokes vomiting; and while it may be neurosis in one, it may be uterine displacement in another; a disturbance of the mind in a third, and an indiscretion in diet is still another, so we will try to ascertain the actual cause in each case and correct the wrong we may find.

There is no ailment that I know of which affords such a chance in which to practice specific medication as does this sick woman. In the medical treatment there are numerous remedies suggested for the relief of vomiting during pregnancy by the many obstetrical writers, but as they fail to teach why or where you should employ a certain remedy we have to discard their treatment and employ one which is "based upon right general principles," administering remedies according to the specific indications which may arise in each individual case. I have been successful only when such a treatment has been employed. I will mention a few remedies as illustrating the idea I am trying to impart: I would give nux vomica (specific) in very minute doses, not more than three to five drops in four ounces of water, one drachm every three hours, if the tongue was broad and pallid and the patient was vomiting bile. If the tongue was broad and thick and yellow at the base, small doses of calomel and soda, say one-tenth grain tablets, may be given with the nux. When the tongue is clean and the patient is neurotic and suffers frequent attacks of nausea, chloral hydrate, fifteen or twenty grains added to four ounces of water and given in one drachm doses every twenty minutes till relieved, will relieve more cases than any other one remedy I have ever employed. The tongue may indicate irritability of the stomach, being pointed and elongated with reddened tip and edges. Ipecac or amygdalus will be the remedy to employ. The despondent mental condition will be improved in a short time by pulsatilla and the stomach relieved. The oversensitive condition of the uterine muscular coats will be relieved by macrotys. The chronic disease of the tube or ovary will be benefited by the same remedy. The irritable disposition, or the angry woman, we will give helonias. When ptyalism complicates we will think of using belladonna, pulsatilla, phytolacca or phosphate of hydrastine. For pyrosis, bismuth subnitrate administered in peppermint water. Constipation should be relieved and the surest remedy I have yet

found is the tablet composed of aloin, one-fifth grain, extract belladonna leaves, one-eighth grain, strychnine, 1/120 grain, and extract cascara sagrada, one-half grain, administered at bedtime. Hygienic living, a healthful diet, a cheerful mental condition with sufficient mental diversion to employ the mind and outdoor exercise, will aid the treatment given and add very much to the patient's comfort.

The physician who becomes an expert in relieving the discomforts of the pregnant woman will soon become the leading obstetrician of his community, which will give him the children for his patients, and when a physician has the women and children to treat he has the best end of it in the practice of medicine. There is one other form of treatment which is applicable only to the case where the vomiting and ptyalism have become persistent and pernicious and you are about to produce abortion or premature delivery; that is dilatation of the uterine cervix; it will frequently give immediate relief. In the advanced stage of pregnancy it can be done with the finger; in the earlier stages it may be done instrumentally—try it.

DISCUSSION.

Dr. W. B. Church: The doctor mentioned inflammation of the cervix. That recalls a peculiar thing in a case that came into my hands. A Presbyterian, a refined and intelligent man, came to me in a town where I was practicing and asked me if I would perform an abortion on his wife. I was very much surprised at his request and inquired his reason. He said whenever his wife became pregnant she was troubled with morning sickness, which continued during the entire time, that the physician where they had lived advised him that he must never permit her to pass through another gestation. I told him I was exceedingly opposed to anything of that kind except as a last resort, but I finally told him I would be willing to do anything I could for her and he brought her in. I made an examination, with the result that I found indications of inflammation of the cervix, and I began treatment by applying carbolic acid, full strength, over the cervix outside, and with that treatment she went one week without sickness. I repeated it once a week for six weeks, and she went to full time and I delivered her of a child. I do not say that is a cure for every case, but where there is a reflex of the stomach from inflammation of the cervix.

Dr. S. M. Sherman: The doctor covered nearly everything, but he did not mention the fact that the stomach will not retain food, so we are obliged to resort to rectal injections, and that should be done in some cases, I think. The rectum should be washed out and then a little chloral hydrate and gelsemium injected, and in that way we get entire control of the vomiting.

Dr. Wm. E. Kinnett (Peoria, Ill.): I am glad to hear Dr. Church mention the treatment he did. I find that a large number of these cases are due to inflammation of the cervix. If you use carbolic acid or nitrate of silver, you will relieve a large majority of these cases, and sometimes with one treatment.

There is one point that was not spoken of, and that is the dilatation of the cervix. Lots of that reflex comes from impingement of the sympathetic nerve in the uterine cervix, and if you relieve the impingement you will relieve that vomiting. Dilate the cervix up to the internal os and it will not do any damage whatever.

Dr. Carriker: I was pleased with the doctor's paper, and I would add that in these obstinate cases where everything seems to fail I resort to the dilatation of the cervix and also the sphincter ani, with very admirable results.

Dr. Daniels: There is a tendency on the part of all of us to concede to the wishes of these patients when they come to us for operation, and I always consent to that operation, but I always want my fee in advance, and I always charge one thousand dollars. I have never had anything to do along that line yet. I had a case that came to me, and, on examination, I found a very sore laceration. I did an operation to repair the laceration, and she got through nicely and I think will go on to full time. I think these cases are due to irritation, and I think you can take a chance to repair the laceration and most of them will get through nicely.

Dr. Bowles: I believe there are no questions to answer, but I feel like saying a word about dilatation of the cervix. I think it is harmless, and in the cases in which I dilate I get good results. I had one woman who was so bad she could not stay in the room when the family was eating, and after dilatation she got better and the next day ate a meal. One dilatation cured her.

CHICKENPOX.

Wm. P. Best, M.D., Indianapolis, Ind.

The medical profession is more or less directly responsible for the popular fallacy, indulged in extensively by the laity, that many of the acute contagious diseases are of little import, necessary evils, to be courted rather than shunned, because when once experienced the person is immune from further annoyance from these troublesome diseases of early life.

It is not uncommon for a family physician to be quoted as having stated that whooping cough can not be successfully treated—that we have no remedies for this disease which will prove of any benefit. Again do we find popular opinion, apparently supported by professional authority, that chickenpox needs no treatment, that mumps is a necessary evil in childhood or youth, a joke; and to be shunned only because of discomfort or temporary disfigurement. Other diseases, not in this category, sometimes leave a trail of disaster because of misconception on the part of parents or because of trite sayings handed down from time immemorial as a part of family heritage, but having no foundation in fact and no ground for belief except that it is a time-honored, though absurd adage.

I shall take but a little of your time for the consideration of varicella. I wish to call attention to two cases, one with unusual complications and another much resembling smallpox.

Some of the best clinicians in the past have compared this disease with mild smallpox, especially in children. It is most common between the ages of one and seven years. Yet adults are not immune nor is it such a "rara avis" as most medical literature would have us believe. "Steiner claims to have successfully inoculated varicella in eight cases, and found the stage of incubation, in these patients, to be eight days." However, the period of incubation is from ten days to three weeks.

A Case of Varicella. Patient of Dr. Wm. P. Best.

In the vast majority of cases chickenpox is not preceded by a prodromal illness. The constitutional symptoms, if any, develop with the eruption. If any prodromal symptoms are noted, we find a history of nothing more than malaise, anorexia, vague pains, chilliness and a slight rise of temperature. As applied to smallpox, the prodromal stage is wanting. This, however, in adults, is not so true. It is not rare for adults to feel indisposed for two or three days before the varicellous eruption. The prodroma of smallpox are not infrequent, but less severe. High fever, intense backache, repeated vomiting and prostration are not present in chickenpox.

As it is our intention to speak of varicella in adults, we will not devote any more time to the disease in children than to say that it is one of the mildest and least dangerous of acute contagious diseases of childhood.

In the past few years it has been my privilege to see some very unusual types of this disease, all in the adult. Two of these cases are of interest. The first, a young woman of twenty-seven years, previous health good, and no history of illness except measles and mumps. After a few days of indisposition, not of sufficient import to cause her to remain away from her desk, she developed a very typical varicellous eruption about the face, in her scalp, and later appearing in successive crops, so that in a few days her entire body and extremities were much like confluent smallpox, except for the color and swelling of the skin. Some days after the development of the eruption, an impetiginous eruption succeeded, bringing the borders of the previously well developed papular and vesicular eruption into contact; and in many instances they coalesced so as to make patches on the hands and face the size of a five-cent piece, to that of the size of a man's hand, on the arms, legs and body.

The appearance was not wholly unlike that of the extensive blisters which develop in burns of the second degree (dermatitis ambustionis bullosa), except depressions, more or less linear, marked the former outline between the patches of the eruption. On the lower extremities, especially about the knees, were patches of purplish discolorations, probably resulting from slight purpura hemorrhagica. Before the eruption and bullæ had disappeared, acute arthritis, involving both knees and elbows, developed. This was very painful, and, in the swelling and suffering, much resembled arthritis of rheumatic type. This patient was wholly helpless for more than a week, after which her convalescence was slow but uninterrupted. She was confined to the bed and room for five weeks.

I here present photographs of another case of varicella. This patient was married, thirty years of age, and previously healthy. In this case the prodroma was more marked and covered a period of several days. Anorexia, nausea, vomiting, lassitude, general aching and marked backache, all suggestive of mild smallpox. The eruption appeared after slight chilliness and fever. The papules were distinct, discrete and characteristic of varicella in their development, though too much stress must not be placed on the

characteristic manner of the development of these eruptions. The skin was slightly swollen, red, yet not discolored, as would be in a similar outbreak of smallpox.

The diagnosis in this case was doubtful, in my mind. The city contagious disease inspector was called in; and, after careful consideration of all the conditions and symptoms, he pronounced it a case of chickenpox. No other cases developed in those who were exposed to this patient. This man was away from his desk for two weeks, though he made a good recovery.

DISCUSSION.

Dr. Mundy: I have only recently had to wrestle with the question of whether it is varicella or varioloid. The experts of the State Board of Health claim that varicella will not appear on the palms of the hands or soles of the feet, which I doubt. They claim only smallpox will show the eruption in these localities. Any who treat diseases of children know that varicella will make its appearance on the palms of the hands and soles of the feet. Welsh and Shamberg claim it will appear on the soles of the feet. The difficulty in diagnosis is owing to the mildness of the smallpox we are now having. The patients are not sick enough to be bedfast. A few days ago a man came into my office affected with a mild type. The type of smallpox we have now is so mild I wonder sometimes if it actually is smallpox.

I would like to know what your experience is as to varicella appearing on the palms of the hands and soles of the feet.

Dr. Kinnet: I heartily agree with the remarks of Dr. Mundy. You will have the eruption on the palms of the hands and soles of the feet. I have had a good deal of experience in such cases, and I find that to be true. I want to make another statement in regard to smallpox, and that is, they may have smallpox and not have a single eruption. I have had this demonstrated in a family where the mother had typical smallpox, and two boys had it, but did not show a single eruption.

Dr. T. A. Dean (Wyoming): I can also testify that you will have smallpox without eruption. A year ago we had quite an outbreak of smallpox in our town, and I, being a member of the county health board, saw quite a little of it. We had about 100 cases, and I saw at least a half dozen cases that did not have any eruption whatever. As to varicella appearing on the palms of the hands and soles of the feet, I know this does occur, but not very often.

Dr. W. E. Daniels (Madison, S. D.): I have had some experience with smallpox. One of the boys came home from the Philippines and brought it. It may be these two doctors are right, that smallpox does not always break out, but it is the exception. It is a question with me whether these cases are actually smallpox. I do agree with Dr. Mundy that varicella will break out on the palms of the hands and soles of the feet.

Dr. M. A. Carriker: I think smallpox is like diphtheria. If the secretions and excretions are not as they should be, we will have eruptions, whether it is scarlet fever, or smallpox, or whatnot. If there is an excess of animal proteids, we will have eruption. If there is no eruption it may be smallpox just the same, but not extensive enough to throw the material to the surface.

Dr. Best (closing): This discussion reminds me a little of the preacher who took his text and never got back to it. We have had quite a discussion

of smallpox, but not much about chickenpox. However, I enjoyed it, and have been considerably enlightened by the remarks that have been made. I have seen a number of cases of chickenpox in which there was an eruption in the palms of the hands. I believe Dr. Mundy is correct in that. This subject impressed me because of the peculiarities of the cases I reported. Outside of that, it is not a disease that usually arouses much interest.

SMALLPOX AND ITS TREATMENT.

J. R. Barre, M.D., Centerville, Mo.

A description of smallpox is unecessary. There is but little likelihood of confusion in the diagnosis with anything else save varicella. Should the initial variola symptoms and manifestations be slight, as has been the case in the last few years, for the first twenty-four or thirty-six hours of the eruption it is difficult to differentiate between them. Generally the eruption of smallpox is discrete at the commencement, the points disposed to arrange in groups of threes and fives, having a circumscribed, regular base or border and becoming elevated as it advances toward maturity; whereas with chickenpox the eruption is usually sessile, irregular and vesicular within a few hours from the moment of appearance. Both may, and, frequently do, umbilicate; however, in the former it is the rule, in the latter, the exception.

The treatment of smallpox is quite simple for the most part. As the height of the fever seems to be in direct proportion to the virulence of the invading poison, or rather the intensity and quantity of that principle regulates and is the measure of temperature elevation, a carefully selected method should be employed to reduce and control both. Any measure, of course, which will have its effect upon one may have a beneficial effect upon the other, though not necessarily so. For instance, should cold sponges be used, nothing save the temporary excess of heat is removed; if warm sponges be administered the capillaries of the skin become flushed, a freer eruption thereby being encouraged—manifestly, a condition not desirable. Should sudorifics be given, again a free eruption is invited. Since, with smallpox, we wish to limit the amount of eruption as far as possible, we are careful in selecting our sedative and fever-reducing means to the end that our object is not defeated. Simple agents, as aconite, or veratrum, internally, a mild laxative to free the bowels and non-irritating diet largely constitute a judicious treatment. To these, add echinacea for its blood-renovating and antiseptic influences. For the intense aching of limbs and back, macrotys answers an admirable purpose. The excruciating headache may require a few doses of some analgesic, as aspirin or acetylo-salic. Calcium sulphide, given as the eruption makes its appearance, or earlier, if the nature of the attack is evident, and pushed to saturation, will limit the amount of eruption and hasten maturity and desquamation.

Externally, when the eruption is light, no application is needed or required. If the eruption is free, application of some unguent materially

reduces the cutaneous tension of the vesicles and pustules, and mitigates pain. Olive oil and lime water, equal parts, makes an excellent application for this purpose. When applied three or four times a day it relieves cutaneous irritations. It also hastens desquamation.

During the period of fever and eruption, the patient should be kept in a cool, darkened room. The bed should be a hard mattress, with just enough covering for comfort. Avoid having the patient too warm, since that will increase the eruption. Bathing is unnecessary until the beginning of the desquamative stage and then baths should be taken every day until the scabs have all fallen. If during the suppurative period the pustules rupture, or are opened, as should be done on the face, more especially if confluent, the surfaces may be cleansed with a boric acid solution.

The diet should be bland and easily digested at all times. Vegetable soups and rice will usually be found sufficiently nutritious and agreeable to the patient. Throughout, avoid fats and greasy articles of food.

Ordinarily, the latter stage would require no medication. However, if the system has become much depleted, tonics are in order. For this purpose the elix. quinine, iron and strychnine fills all requirements.

MEDICAL PRACTICE IN INDIA.

Maddur Ramaswaury M.B., Ph.D., Bangalore City, South India.

No account of medical practice in India can be deemed to have received a square dealing unless it is prefaced by a short history of the indigenous and ancient system of the land. In conformity with this preferential dictum, I propose to deal in the most concise manner possible with the history of the Ayurveda.

The Indian medical writings of highest antiquity and authority are collectively called "The Ayurveda." They are considered to be a portion of the fourth or Atharva Veda, and, consequently, the work of Brahma. Brahma communicated it to Dakha the Projapati, who, in turn, communicated it to the two Aswins, or sons of Surya.

According to some authorities, the Aswins instructed Indra, and Indra was the preceptor of Dhanwantari; Dhanwantari is also styled Kasiraj, Prince of Kan or Benares. His disciple was Susruta, the son of Viswamita, and, consequently, a contemporary of Rameses. His work also exists and is the chief guide, at present, of the votaries of Ayurveda. It is unquestionably of some antiquity, and it is not easy to form any conjecture of its real date. It is, perhaps, the oldest work on the subject, excepting that of Charaka, which the Hindus possess.

The work of Charaka is divided into six portions, the Sutra—Sthana or Surgical Definitions; the Nidana—Sthana, or Sections on Symptoms, or Diagnosis; Sarara—Sthana, Anatomy; Chikisa—Sthana, The Internal Application of Medicines; Kalpa—Sthana, Antidotes; Uttara—Sthana, or a Supplementary Section on Various Local Diseases or Affections of Eye,

Ear, etc. In all these, however, surgery, not general medicines, is the object of Susruta.

The Ayurveda, which originally consisted of one hundred sections, of a thousand stanzas each, was adapted to the limited faculties in the life of man, by its distribution in eight sub-divisions, the enumeration of which conveys to us an accurate idea of the objects of the Ars medendi amongst the Hindus. The divisions are thus enumerated: 1, Salya; 2, Salaka; 3, Kaya-Chikitsa; 4, Bhut-Bidya; 5, Kumar-Bhritya; 6, Agada; 7, Rasayana; 8, Bajikarana.

They are explained as follows:

1. Salya.—Is the art of extracting extraneous substances, whether of grass, wood, earth, metal, bone, etc., violently or accidentally introduced into the human body, with the treatment of the inflammation and suppuration thereby induced; and, by the analogy, the cure of all phlegmonoid tumors and abscesses. This word Salya means a dart or arrow, and points clearly to the origin of this branch of Hindu science.

2. Salaka.—Is the treatment of external, original affections or diseases of the eyes, nose, etc. It is derived from Salaka, which means any thin and sharp instrument; and is either applicable in the same manner as Salya, to the active cures of morbid states, or it is borrowed from the generic name of the slender probes and needles used in operations on the parts affected.

3. Kaya-Chikitsa.—Is, as the name implies, the application of Ars medendi (Chikitsa, to the body in general —Kaya—) and from what we mean by the science of medicine—the two preceding divisions constitute the surgery of the modern school.

4. Bhuta-Bidya.—Is the restoration of the faculties from a disorganized state induced by demoniacal possession. This art has vanished before the diffusion of knowledge, but it formed a very important branch of medical practice through all the schools, Greek, Arabic, or European, and descended to days very near our own, as a reference to Barton's "Anatomy of Melancholy" may prove to general readers.

5. Kumarbhritya.—Means the care of infants comprehending not only the management of children from their birth, but the treatment of irregular lactic secretion and puerperal disorders in mother and nurses. This holds, also, the place that its importance claims.

6. Agada.—Is the administration of antidote—a subject which, as far as it rests upon the scientific basis, is blended with our medicine and surgery.

7. Rasayana.—Is chemistry, or more correctly, alchemy, as the chief end of the chemical combination it describes and which are mostly metallurgic. The discovery of the universal medicine—the elixir that was to render health permanent and life perpetual.

8. The branch, Baji-Karana, professes to promote the power of the

human race—an illusory research, which, as the preceding, is not without its parallel in ancient and modern time.

Having given a short resume of the ancient system of the land, I slightly touch upon the other system of medicine in India which hailed with the advent of the Mohammedan rulers and is known as the Urani system of medicine. It is an imported mode of practice from Arabia and found favor with the powers that be for the nonce, and even to this day it has its votaries and adherents in India, principally among the Islams. It is not necessary for me to go into the minutæ of this system at any length. Suffice it to say that this is the only other system distinctive in practice parallel to Ayurveda, and classed as indigenous, more or less.

With the advent of the East India Company and the British rule in India, the western system of medicine found its ingress in this land of ancient culture and high civilizaton. The school of practice was, of course, Allopathy, and with official patronage and as the officialized system in India, it gradually supplanted the system native to India, which was at that time highly developed. From that time forward, the decadence of the glorious Ayurveda with other indigenous art and craft which had then attained to high state of perfection, commenced with advancing rapidity. A distinctive medical service was covenanted for Inda, known as the "Indian Medical Service," familiarly known as the I. M. S. From its ranks were replenished the medical relief for India. Colleges for teaching Allopathy were etablished at the three presidency towns of Calcutta, Bombay and Madras; and the sons of the soil were afforded an opportunity of being well-drilled in the principles and practice of scientific medicine. These institutions have served the country admirably, not only by meeting the demands of service, but also producing eminent practitioners of medicine; physicians and surgeons of repute of whom any country may justly be proud. From those days up to the present time there has been no appreciable advance in the domain of medicine in India. To the continent of Europe, particularly to England, we look upon for enlightment, and since there is very little stride of progress in medical practice in Great Britain, no wonder we are to-day at the same milestone.

The Bengalis take the palm in point of medical reform in India, and to them again goes the credit of having arrested the ancient system of practice indigenous to the country from sinking into an enshrouded oblivion. Unselfish patriots of indomitable grip and will set to the work of wrestling the glorious system of healing inherited to us by the hoary headed sages of India from decay. Men of erudition and scholarship took upon themselves the task of keeping abreast of the reforms in medicine that were obtaining on the continent of Europe and the glorious country of America, which is more or less a synonym for everything progressive in all departments of human endeavor. As early as 1850 enterprising Bengalis of high culture and attainments proceeded to America to study Homeopathy there, which

was the only progressive school known outside the pale of Allopathy. They returned, after mastering the science with natural avidity, and to-day the City of Calcutta contains many eminent Homeopaths of enviable repute, which has been built on the indubitable bedrock of merit in spite of vehement opposition from the dominant school, the privileged official class.

The impetus given to medical reform in India by those early pioneers of blessed memory has been of such salutary and lasting consequence, that at this day we find in Bengal the Homeopathists outnumbering the "men of the official school" in practice. Despite the privileges and encouragement showered upon the "old school men" by the rulers, their success as medical men is not all that could be desired with government and legislature as their bulwarks. They stand on no vantage ground in regard to public patronage. The fact that there is more elbow-room left for quacks and charlatans to play the pandits Vaido and Hakims in India and that with a veneer of superiority to scientific medicine, is an eloquent testimony to the disappointing truth that the medical men who represent the western system in India are averse to embrace a progressive attitude in medical reform. The theory and practice that was once upheld in Europe as the most appropriate, and now discarded as obsolete, is yet the standard in India. The spirit of research which has ennobled many a science from the quagmire of empiricism to a place of exactitude, requires to be kindled in India.

No true progress can be achieved by any more clinging to the archaic practice of accepting usage as the final word in any department of human endeavor. Reform is the handmaid of progress.

There are in Bengal, at the city of Calcutta, independent medical institutions teaching Allopathy outside the influence of the State. This is a unique feature in India. The Homeopathic savants who returned from America have also established Homeopathic colleges with facilities for imparting a sound instruction in the principles and practice of Homeopathy. There are in the city of Calcutta alone half a dozen good institutions of the kind, manned by America-returned Homeopathists. Several young men came from the remotest parts of this vast peninsula to learn the practice of medicine and therapeutics as taught by Hahnemann.

All of the institutions above alluded to are public institutions. But it is anomalous that they do not command State recognition. In spite of this unenviable position of these colleges, they attract students from the remotest parts of the country, and that is a magnificent proof of the fact that these schools have filled a real desideratum.

Until recently there was no medical act governing the practice of medicine in India. Only last year the Government of Bombay took the initiative and passed a medical act governing medical practice in the Bombay Presidency. Then Bengal followed in the wake; and the passing of a medical registration act in Madras, a few months ago, brought up the rear. There is in contemplation before the legislature of the country a bill to make a

general medical act for all India on the lines of the Medical Registration Act of Great Britain. The General Medical Council of the United Kingdom serves as a model to the medical law makers of this country. There is no doubt that in the course of the current year (1915) a general medical registration act for all India would become a fact accomplished.

In a country like India, where the customs and habits of the people are as different as any of the denizens of the two hemispheres could be, and whose different tongues constitute a veritable Babel of languages, a considerate mind will be mighty chary to admit the advisability of a universal law. But India has long been accustomed to respect laws which are not in its best interests and, fortunately or unfortunately, medicine constitutes not a sphere of general concern in India. So very feeble opposition will be palpable to the passing of the medical act.

The little that remains of the air of independence in regard to medical practice will be lost in the heavy laden atmosphere of the act. An act which at the outset aims at the efficient check of charlatanism and quackery dwindles in the end as a book of canons for the observance of those who have received a medical training in hospitals, and leaves the blatant quackery to go on with its trumpery business so long as it does not poach on the medical preserve of the dominant school. Homeopathy is left to its own fate and not tackled anywhere, being quite unworty of the deliberations of this body. This system is unofficial in India and it is left for the highest tribunal in any country—the people.

Eclectic system, the product of accumulated experience in the surest clinic of the world—the bedside—which stands for all that is safe, sane and sure in medical practice, is a positive revelation to India, and I am very reluctant to admit if there is any Eclectic physician worth the name in this huge peninsula which extends from Cape Comosin to the Himalayas. There are in India many eminent surgeons, but few good physicians. An acute malady is left to develop into a chronic complaint by injudicious and heroic medication of the Allopath. He, being distracted under awful agonies of the terrible sequelæ left on him by the regular medico, comes around to the Homeopath in sheer exhaustion for relief. The conscientious Homeopathist endeavors, with his law of similars to afford succor to the afflicted patient, but Herculean medicament of the precious Allopath makes a hard task for the *tuto, cito et jocundo* dosage of the follower of Hahnemann. The adherent to "Similia Similibus Curantur" quickly blames himself for the wrong selection of the remedy and hits upon a new one, taking into account the consensus of symptoms. By this time, however, the patient, rendered a chronic sufferer by the dominant school, being already a hypochondriac as to the result of treatment, goes around to the well-educated Kabirajis or the modern myrmidons of Ayurveda who, hit upon a wonderful concoction of shastraic roots, extolled as the panacea for all ills that human flesh is heir to. But the dosage and posology of these admirable nostrums is so very antiquated that the degenerate descendant

of the splendid race which produced Bheeshma, Bheema and other warriors of inimitable strength and prowess, quails beneath the galvanizing influence of the canonical medicament which was meant by the all-wise Rishis, our preceptors, for the manhood that adorned this holy land in their time. It would be a very sickening and ghastly spectacle, indeed, for those Rishis if they would but care to take a peep of the race that followed them.

To return to the chronic sufferer in India. Bitterly rueing the day when he called in the medical aid, if he has been fortunate enough to survive the divergent effects of the series of treatments he is under the painful necessity of submitting to, he at last falls an easy prey to the unprincipled harpies who defile the ranks of the healing art divine. These pigmies, true to the saying, "Fools rush in where angels fear to tread" hold out promises which they can never redeem and fleece him out, until, at last, shattered in health, and by no means better in worldly possessions, he returns a saner person with nothing but bitter imprecations and anathemas for the profession at whose altar of shameful ignorance he has laid his robust health and well-filled purse. "Experience is a good schoolmaster, but his fees are very high." And the chronic sufferer in India stands as a monument of evidence to the failure of medical procedure, until at last God in His omniscient benevolence drops the curtain and the grave covers the ignorance. Would to God that the torchlight of Eclecticism and American medicine shed its beneficent refulgence and alleviate the suffering humanity in this land of Dhanwantri with his hand full of cups brimful of nectar.

Au revoir! gentlemen. In the meantime, I have treated in a concise manner the state of medical practice in India, and in a subsequent article I propose to deal with the customs and manners of the different peoples of this country in their bearing to medicine, sanitation and public health.

GASTRO-ENTEROSTOMY.

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The general subject of gastro-enterostomy, or more specifically, gastro-jejunostomy, is a large one and although, in a way, its field of usefulness is limited, no doubt it has prolonged a multitude of weary lives and evidently saved many more.

September 27, 1881, Wölfler, assistant to Billroth at Vienna, operating on a case of carcinoma of the stomach with the object of resecting the growth, finding it impossible, perhaps on account of the extensive involvement, was about to close the abdomen when Nicoladoni, who was assisting, suggested the possibility of a new opening between the stomach and small intestine, to replace that which was obstructed on account of the growth. This was done, and in this manner was introduced into surgical procedures an operation which has had, perhaps, no rival in the excellence of its results and in the immensity of the relief it has afforded those doomed to constant

suffering or to death. Wölfler united the jejunum to the anterior stomach-wall, thus called the anterior gastro-enterostomy. Von Hacker was the first to perform the posterior work.

Ever since the advent of this possible relief, discussion pro and con as to the efficacy of the anterior, posterior or inferior route has been abundant. For many years the one of choice has been the posterior procedure, although even to this day some of our greatest men prefer the anterior. Though it be true that the posterior is the operation of choice there are, of course, contraindications, such as unusually short transverse mesocolon or many adhesions existing between stomach, mesocolon and pancreas. As to the part of the small intestine selected there seems to be o general satisfaction that the most plausible one is the duodeno-jejunal flexure or slightly below it being the highest point in the jejunum.

Wm. J. Mayo has pointed out the variability of the peritoneum reflecting over the ligament of Treitz and the desirability of trimming this reflection back to expose the origin of the jejunum in this operation. The denuded surface of the jejunum may then be utilized to apply to the posterior surface of the stomach through the vascular space in the mesocolon on the left of the duodeno-jejunal juncture. This is considered the best no-loop operation posteriorly.

As to the indications for this operation they may present from birth to old age. Richter, of Chicago, reported to the Clinical Congress of Surgeons of North America, in 1913, at the Chicago meeting, twenty-two cases of congenital stenosis of the pylorus operated on by him within the last four years with a mortality of but four. Of the eighteen children alive, about sixteen were presented for inspection, and a healthy robust set they were. It would seem to me that all of us could take a lesson from this one report and not allow these little folks to die without giving them this one chance. Keene, Mayo, Moynihan, Murphy and others have operated upon many cases of hypertrophied infantile pyloric stenosis successfully. During young life many cases of acute ulceration, especially in the female, ncessitate operative interference. Many males present chronic ulcerations, usually between the ages of thirty and fifty. Cases of corrosion of the gastric mucosa by acids, alkalies or other irritants. Of course, most often the effect of these things is spent before reaching the stomach, but in the event of the stomach being involved the pyloric portion suffers most often. Carcinoma furnishes perhaps the greatest number for operative work, and only too often they have passed beyond all possible relief. Allow me to say just a word here to all those doing any general practice, and that is, we must be up and coming *all the time* or we will overlook some of these cases that, if taken in their incipiency, might have been combatted successfully, when the fact was they died too soon because of neglect.

Many cases has the writer seen opened in the Mayo clinic, abdomen closed without any interference whatever and the instruction to the nurses was, get the patient up next day, send him home the following day to

enjoy his last three or four weeks among his own, nourished only by rectal alimentation. Of course, that is one point for us all to remember, because while they are allowing these poor, unfortunate sufferers to spend their last days at home, it also reduces the mortality rate of the hospital very materially. On the other hand, we have seen them operate men up to the age of seventy-five, and successfully.

Outside of the usual pre-operative care of abdominal cases, the toilet of the teeth, mouth and stomach must be thorough, and these parts of necessity be made as near sterile as possible. If ether is to be the anesthetic of choice plenty of oil should be administered to prevent the excessive absorption. It is also absolutely essential that an hypodermic of morphia, at least one-sixth of a grain, be administered some half hour previous to operation.

In the post-operative care of these patients it seems to the writer that getting them up as soon as possible is one of the most essential things; in fact, placing them in the Fowler position immediately is practiced quite extensively. Gastric lavage, if deemed necessary, should be done without hesitation, but carefully. Water can be given within six hours, five to thirty drops at a time. The second day, one-half ounce at a time may be allowed. If the intestines have been handled too much, we may have no little distention, due to paresis. The rectal tube usually suffices; if not, a soap suds enema may be resortd to, and this not accomplishing the desired effect, salts and glycerine, or, better still, saturated alum, allowing a gallon to run in quickly and come away just as rapidly. Saline by the Murphy method is as essential here as in other laparotomies.

Complications following these operations are not many, but of necessity serious, especially if the technique has been at fault. They are hemorrhage, regurgitant vomiting, peptic ulcer, intestinal obstruction and diarrhea. These are the most common and must be met as they present themselves.

Short Report of One Case.—One J. N., male, aged forty, single, tobacco user, has used alcohol all his life, at times to excess. History dates back possibly ten years. He thinks it started while at a meal, enjoying the best of health. He was taken with a sudden pain and vomiting followed. He had suffered this same thing almost ever since, possibly two or three times a week, until late in the fall of 1912, when he came under my care. Previous to this time he had consulted many men, but all had refused him operation because of his use of alcohol and his general weakened condition. He said he had been vomiting every meal for the past five weeks and was losing weight very rapidly. Test meal, gastric lavage, examination of stomach contents, along with the history and the emaciation, made us positive of the diagnosis of cancer of the pylorus. The abdomen was opened, the transverse mesocolon found very short; consequently the anterior operation was necessary and operated October 20, 1912. This fellow left for his home within three weeks, has not vomited since. He has gained thirty-five pounds and says he feels better than he has for fifteen years.

SNAP DIAGNOSIS.

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I am convinced, from observation, conversation and experience, that one element of failure with a large majority of practitioners, is the careless, incomplete examination of patients. On the other hand, the most successful physician owes his success, largely, to a thorough, careful examination. Correct diagnosis is a rare commodity, not to be purchased with slipshod, superficial examinations. I say rare, because I believe a majority of the diagnoses made to-day are largely guess-work. By correct diagnosis, I do not mean adding up the symptoms and placing the name of the disease at the foot of the column, nor do I mean spelling out the name of the disease with the symptoms, to put on a label and paste thereon. A physician may fail to do this and yet not fail in diagnosing his case. He may observe and check up a list of symptoms, with tabulated nomenclature, and fall short of true diagnosis. By means of diagnostic methods at his command, he should be able to get a mental photograph of the pathologic conditions and processes in the patient's body, their correlation and interdependence. One might be able to do this with positive accuracy, and yet, for the time, be unable to give the disease a name. With the practitioner, the crux of diagnosis, never to be lost sight of, is the therapeutic aspect. A diagnosis with this left out is of little benefit to physician or patient.

We are prone to go off half-cocked and snap the camera with an improper focus, giving a distorted view of the clinical picture. We note one or two prominent symptoms, pointing to a certain disease, put the label on and let it go. A very grave mistake is often made by basing a diagnosis on one or more seemingly conclusive symptoms.

A professor in a medical college was troubled with gall-stones for several months. He tried all the remedies in his own armamentarium, and then those suggested by his confreres, but obtained no relief. A lay friend had urged him to try a certain patent medicine, that he claimed had cured him and also a number of others, afflicted with this painful malady. His tight-laced ethics forbade the use of this nostrum ,and so the periodical attacks of colic continued with increased severity. At last a very severe cramping burst the lace string of his ethical jacket, when, in sheer desperation, he sent out for a bottle of his friend's favorite remedy. When the messenger arrived, he seized the bottle, poured out a spoonful, but before he got it to his mouth, Mr. Cramp threw a double lateral back-action yank, which caused him to throw the spoon and bottle with such force as to break the bottle and spill all the valuable concoction. After screaming and going through gyrations that would arouse envy in a professional contortionist, he was blessed with complete relief, which was permanent. Had he swallowed this medicine before the party salute of the gall-stone, what a splendid certificate, commending the value of this nostrum, he could have written; the evidence would have been indubitable.

When chloroform was first discovered, with its magical narcotic property, it was arranged to try it on a patient from whom a tumor was to be removed. Preparations were about completed, and they sent out for the wonderful fluid, but it could not be found in the city. They then proceeded with the operation without it. Before the operation was half through, the patient suddenly expired. Had chloroform been administered, the cause of death would have been charged to its lethal effect, and its use in such cases delayed at least a decade. The proof would have been positive.

Some four or five years since, a gentleman came into my office, greatly worried over the condition of his sixteen-year-old daughter, who was staying with a married sister in another city, attending school. She had been in poor health for several weeks, but continued in school and kept up with her studies. He had just received a message from her physician, stating that she had yellow atrophy of the liver, would not live over thirty days, and would return home the next day. Her father requested me to be at his home when she arrived. The pathologist had made a report of the presence of leucin and tyrosin in her urine, with the suggestion that this fatal malady was indicated. Her physician snapped his diagnostic camera on this focus, and behold the yellow atrophy picture. The girl was not informed of her supposed condition, but sent home on some slight pretext; at the same time a family reunion was planned, so that all would be home at the time of her demise. They met her at the train to accompany her home. It looked very much like a funeral procession as they approached the house, the expected soon-to-be-corpse wearing the only smile; all the other faces were sadly elongated. Close observation and a few questions soon convinced me that she did not have yellow atrophy of the liver. Not wishing to alarm the patient, I left, after giving the family a favorable prognosis. A thorough, careful examination gave a positive diagnosis of chloremia. After a few weeks' treatment with the indicated remedies, she returned and finished her school, and is now teaching, enjoying good health.

Only a few months ago a lady came to me with a tumor, diagnosed by her family physician, who recommended an operation for its removal. I found said tumor to consist of fecal matter, impacted in the colon. He had diagnosed it a fibroid, and urged her to submit to an operation for its removal. She certainly would have gone under the knife had she remained in his hands.

A short time since a girl was brought to me from another State, by her physician, with a diagnosis of tumor. They gave a history of a fall from a porch, when her monthly flow had been on one day, when the flow was suddenly checked. She suffered a severe contusion on the hip, which gave her considerable pain. She was treated for several months by another, who endeavored to re-establish the menses, but failed. She then was placed under the care of a second physician, who treated for the same, and failing, brought her to me. In less than two minutes I discovered normal sutures

in this tumor, the same as in a baby's head. The next night pains came on and she was delivered of a big, fine boy. While I was making the examination, her mother, who accompanied her, told me of the fall. I said, "Yes, she surely had a fall." Here the first doctor snapped his diagnostic rifle, half-cocked, with a fine bead drawn on the focus of the fall. The second one heard the report of his gun, and shot at the same mark.

These illustrations could be multiplied to more than the length of my paper, but these are sufficient to show the prevalence and baneful results of snap diagnoses. I believe it was Franklin who said, "Anything that is worth doing at all, is worth doing right." Laying aside conscience and moral obligation, considered only from a financial interest, a physician can not afford to be careless in his examinations. He may feel that he is sure of his diagnosis and yet a thorough examination cause him to change it. Even should he be right in his diagnosis, the psychological effect on the patient is very valuable to both patient and physician. One who is prone to this slipshod manner will only reach a few rungs of the ladder of success. My desire has ever been to be practical. If this paper will encourage even one brother to lay aside his garments of carelessness and habilitate himself with precision, I shall feel that my labor is not in vain.

HISTORY OF HYPNOTISM.

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It is only in recent years that the medical profession has awakened to the fact that hypnotism can be of use in the treatment of many diseases. The delay has been brought about by the practice of hypnotism or animal magnetism, as it was first called, getting into the hands of the charlatan and quack, and, in consequence, the profession has held aloof from making experiments for their instruction. The phenomena of animal magnetism have, to a greater or lesser extent, been known for some centuries, but modern methods of psychotherapeutics may be said to have had their birth in 1778, when Dr. Frederick Anton Mesmer, a qualified Viennese physician, came to Paris and commenced practice by methods which were then quite unknown to French doctors.

Dr. Mesmer was at this time about forty years of age. He had qualified some twelve years previously, and had taken for his inaugural thesis the subject of "De Planetarum Inflexu," or "The Influence of the Planets on the Human Body." The methods adopted by Dr. Mesmer were not entirely original; he owed the idea of using metallic plates, which were applied to the diseased parts, to a Jesuit father named Hell. Hell attributed the cures to the plates themselves, whilst Dr. Mesmer claimed that the results were brought about by the method in which the plates were applied. It was not long before Mesmer's reputation began to spread, and his apartments were too small to accommodate the increasing number of patients.

Rich and poor came from all parts, much to the disgust and envy of the orthodox medical profession.

Dr. Mesmer was now obliged to alter his methods of treatment, as it was impossible for him to give individual attention to each case, and so, to meet the new state of affairs, he devised and introduced the "Baquet" or "Tub."

Dr. Mesmer's theory was that there was a "subtle fluid," which he called "animal magnetism," which passed from him to his patients, thus bringing about the curative rseults.

This "Tub" was a large oak tub, four to five feet in diameter, a foot or more in depth, and closed by a wooden lid. Inside the tub were bottles filled with water placed in rows radiating from the center. The bottles had been previously "magnetized" by him. They rested on layers of iron filings and powdered glass, whilst the "Tub" itself was filled with water. Holes were pierced through the lid, and through them iron rods of various lengths passed—these were jointed and movable, so that they could be applied to any part of the patient's body. Round the tub the patients sat, whilst a cord, connected with the "Tub," was passed round the body of each, thus making a complete chain. When all was ready Dr. Mesmer would approach the circle. He used to dress in a fantastic robe, and as he walked about the room would point either his finger or an iron rod at the parts of his patients that were supposed to be the seat of disease. He would often apply his hand to the various parts of the body, especially the abdomen.

These manipulations would frequently result in a "crisis," especially among the female patients. The "crisis" seems to have been some form of convulsion, which occasionally lasted for hours, during which spasmodic movements of the limbs were common. Probably hysteria accounted for the crises, in which imitation took a large share, as we find that later on in the history of mesmerism the "crisis" seldom took place, although the methods adopted by the operator were identical with those of Mesmer. The cures were various and numerous, and there seems no doubt but many of them must have been permanent, otherwise Mesmer's reputation could not possibly have lasted so long as it did.

Diagnosis in those days had not reached a high point of accuracy, but cures are said to have been made in cases of blindness, deafness, paralysis, marasmus, hepatic flux, epilepsy, obstructed spleen (a very popular disease in Mesmer's days), and similar complaints. In spite of Dr. Mesmer being a fully qualified practitioner, there is no doubt that he was not orthodox; but, for all that, he made many cures by the new methods he had originated.

The phenomena which resulted from this form of treatment are undoubted, but Dr. Mesmer's theory that it was due to the fluidic nature of animal magnetism was erroneous. The phenomena were indisputable, but the interpretation of their causation, fallacious. One must bear in

mind that many of Dr. Mesmer's patients were well educated and men of good social position; amongst them were marquises, counts, high officials and men of affairs, doctors, abbes and many ladies of title. The medical men of Paris were naturally alarmed at the success of this "charlatan," who threatened to supplant their orthodox methods of treatment and, at the same time, their income.

Dr. Mesmer's theory was that disease and health were regulated by the flow of animal magnetism, and that he was able to divert this fluid by touch or look. All might have gone well with him had he confined himself to treatment, and his name might have been handed down to posterity as a great discoverer and benefactor of the human race; but his undoing was due to his theorizing as to the causation of the cures, so much so, that his name is now synonymous with fraud and imposture.

In spite of his theories, the name of Mesmer will always be connected with the discovery that the mind has a great influence on the body and disease, and, in years to come, when the subject of hypnotism shall have assumed its proper place in medical science, his name will be looked upon with a more favorable eye than is at present the case.

From time to time various commissions were formed to inquire into the truth of the cures by the process of animal magnetism. The members of these commissions were chiefly medical men, and it was only natural that many of them commenced their inquiries with a preconceived antagonism to Mesmer and his modus operandi. There is no need to enter into the detailed findings of these various bodies; they were almost invariably unfavorable, and in some cases to an almost ridiculous degree. The members seem to have been more occupied in pointing out the fallacy of the new "fluidic force" than in ascertaining the truth of its curative properties.

Failing to win the support of any scientific body, Dr. Mesmer now approached the government direct. He was able to do this, as amongst his followers were many people of influence and rank, while the Queen herself was known not to be unfavorable to the pretensions of her fellow-countryman. His dealing with the government eventually came to nothing owing to his grasping propensities.

It was easy to demonstrate that the theory of animal magnetism originated from a pre-scientific age, and that the pretended proofs existed only in the imagination of its dupes. The commissioners argued that since there was no such thing as this "magnetic fluid" that there was no need to inquire into its results, for a thing that did not exist could have no utility. It was here that the various commissioners made their great error. They regarded all the curative results of animal magnetism as due to the imagination. In this they were to a great extent correct, but what they did not realize was that if the imagination, when properly directed, was able to produce such effects on the body it surely was worth while inquiring into the powers of the imagination and the best way of directing it so as to produce beneficial results.

The practice of animal magnetism was not confined to Paris. Mesmer had numerous pupils, for the instruction of whom he charged exorbitant fees. In spite of the adverse reports of the various commissions, Mesmer is said to have introduced 300 pupils, most of whom were medical men and men of science. Centers for the practice of animal magnetism were formed in various large towns on the continent and elsewhere.

One of Dr. Mesmer's best known pupils was the Marquis de Puysegur, who opened a house for healing at Strasburg. It was he who discovered somnambulism. one of the most important and interesting phenomena in the whole of hypnotism.

Puysegur found that when he was able to induce this state of hypnosis the subjects were able to do things which, in their normal condition, were quite beyond their power. For instance, a poor uneducated peasant was able to speak in a manner far above that he could in his normal state: his language and grammar improved beyond recognition. There were other phenomena, such as diagnosing, treating and prognosing the ailments of others, and the curing them of some diseases. Puysegur found that on the subject waking from his trance state he had no recollection of what had been taking place. This state of somnambulism is now to be met with every day, and it is most curious that it should not have been discovered earlier. It is, however, only of recent years that somnambulism and its attendant phenomena have been accepted as scientifically proved. The marquis was a believer in the fluidic theory; he "magnetized" a large tree which had the same effect that the tub had in the hands of Mesmer.

Another well-known "magnetizer" was Deleuze, who, previous to the Revolution, had been assistant naturalist at the "Jardin des Plantes." The Revolution put an end to animal magnetism for some years, and this may be said to be the end of its first epoch.

In the year 1815 a commission was ordered in Russia by the emperor; the result was favorable. Previous to this, "magnetism" had been recognized in Denmark and Prussia, and the use of it confined to members of the medical profession. Had similar laws been passed in other countries there is little doubt that hypnotism and the various methods of psychotherapeutics would have held a far different position than they do now, to the benefit of both patient and doctor.

Mesmeric anesthesia was not discovered until 1820, when two demonstrations were given in the Paris hospitals. It is curious how this phenomenon escaped attention for so long. It is now one of the best established and commonest facts in the whole of hypnotism. One can not omit the findings of a commission which was appointed by the Academie Royale de Medecine in 1826, if for no other reason than that its findings differ so greatly from those of previous ones. The committee was composed of eleven members, all of them medical men, who experimented for five years before sending in their reports, which gave details of a large number of ex-

periments. The concluding and general remarks are as follows: "The committee has reported with impartiality that which it has seen with distrust. It has exposed methodically that which it has observed under different circumstances and which it has followed up with an attention as close as it is continued. . . . We have seen two somnambulists distinguish with closed eyes the objects placed before them; they have designated, without touching them, the color and names of cards; they have read words written or lines from a book. This phenomenon has occurred even when the eyes were kept closed by the fingers, etc. The committee has collected and communicates to the Academy facts sufficiently important to induce it to think that the Academy ought to encourage researches on magnetism as a very curious branch of psychology and natural history. Certainly we do not flatter ourselves that we shall make you share entirely our conviction of the reality of the phenomena which we have observed, and which you have neither seen, nor followed, nor studied with or in opposition to us. . . . We conceive that a great part of the facts are so extraordinary that you can not grant it to us. . . . We were animated by motives more elevated, more worthy of you, by the love of science, and by the wish to justify the hope which the Academy had conceived of our zeal and devotedness." Here followed the signatures of the committee. The report of the commission is not so well known as some of the others, but one could hardly have a weightier or more trustworty inquiry which lasted for five years.

Mesmerism did not obtain much ground in England until 1829, when a M. Richard Chenevix, a well-known chemist, introduced it into England from Paris. It was due to him that Dr. Elliotson's attention was first drawn to the subject.

Elliotson was a well-known medical man, a physician on the staff of University College Hospital, and a man whose name was known as the introducer of the stethoscope into England. He is described as a man of unconventional and vigorous character, and his attitude toward the medical profession was not of a conciliatory nature. In 1838 he gave demonstrations of mesmerism in University College Hospital. His colleagues on the staff held aloof, but the theatre was packed with distinguished persons from outside. Elliotson, to start with, believed in the fluidic nature of the influence, but many of the phenomena he demonstrated are not believed in to-day, or are explained away on the theory of thought transference. It was not long before Elliotson became involved in a personal dispute with the hospital authorities, and the committee requested him to refrain from giving any further demonstration in the wards, and for this reason he resigned his post.

Some four years or so later the first operation of any importance to be performed under mesmeric anesthesia took place in the Midlands, when a man's leg was amputated above the knee. An account of this case was read before the London Medical Chirurgical Society, the members of which refused to believe the report, and suggested that the insensibility had been

simulated. The report of another case two years later met with a similar reception.

Evidence of mesmeric anesthesia continued to accumulate. It was from India, however, that the most irrefutable accounts came. James Esdaile, a young surgeon in the service of the East India Company, was in charge of a hospital at Hoogley. He found that he was able to induce anesthesia in his native patients, and made use of the process in his operations. The Bengal government appointed a mixed committee to inquire into the truth of Esdaile's claims. Six patients were chosen for experiment, on all of whom operations were necessary. The patients all asserted that they had felt no pain, though in three of them spasmodic movements of the arms were noticed. The report was of an undecided character, but pointed out that the length of time necessary to produce the anesthesia and the uncertainty of its success prevented the method having a large scope of usefulness. The governor of Bengal was not satisfied with the committee's crabbed report, but in acknowledging the receipt of it wrote that "the possibility of making the most severe surgical operations painless to the subject of them was, in his opinion, established."

It is hard to believe, now that hypnotic anesthesia is a fact of everyday occurrence, that the eyes and opinions of medical men could have been blinded for so long. One would naturally have supposed that the profession would have been only too eager to experiment in a method that held out such aids to them and their patients. The reason why the profession did not do so is easily explained. The reputation of mesmerism was such that few medical men dared to experiment for themselves and still less to confess that they believed in the phenomena. The whole subject had lent itself to fraud, and it was most difficult to be certain where reality ended and fraud began. To a certain extent this observation applies to the present time.

In 1843 a book called "Neurypnology" was published by James Braid, a Manchester surgeon. He had used mesmeric methods in the treatment of his patients, and had come to the conclusion that all the phenomena were subjective. He imputed all the alleged psychical effects of the "fluid" to imagination, and disregarded or explained away the higher mental phenomena, at the same time attaching considerable importance to the psychological state produced by the mesmeric processes. It is to Braid that we owe the word "hypnotism." At the present time the words "mesmerism" and "hypnotism" are often used indiscriminately. The two methods have much in common, but the resulting phenomena are not identical.

Braid's methods were of a far simpler character than those of Mesmer or the animal magnetisers. He made an attempt to explain the phenomena on scientific grounds in the columns of the *Lancet*, but found himself, like Elliotson, barred from having his writings published in the official organ of the medical profession. The *Medical Times*, on the other hand,

printed his articles, a fact which may have been due to the rivalry of the two publications. The present-day methods of hypnotism and suggestion are due chiefly to Braid, but they have been modified in many points by Liebeault, of Nancy, and his followers.

Liebeault first adopted Braid's methods at Nancy, in 1850, and it was from him that Professor Burnheim received his first instruction. It was an accident that brought these two men together, and it is due to Burnheim that his instructor's name holds the important position that it now does in the history of hypnotism and psychotherapeutics. Professor Charcot's name must also be mentioned; he made many experiments at the Salpetiere with hystero-epileptics. His teachings have not been universally adopted, and by the majority of experimenters are considered erroneous.

In England, in more recent years, the names of Lloyd Tuckey and Milne-Bramwell have been well known to the profession as two pioneers who have spent their lives in placing psychotherapeutics on a satisfactory and scientific basis.

Treatment under hypnosis received official recognition in 1893 from the British Medical Association, whose committee satisfied themselves as to the truth of the hypnotic state and of its power to cure and relieve diseases. From that date there has been slow but steady advance. The tendency at the present day is for hypnotism to give way to suggestion, in which the sleep state does not hold so important a position in obtaining curative results.

The medical profession is now beginning to appreciate the value of treatment by suggestion, hypnotic or otherwise; but one of the main reasons why progress has not been more rapid (especially among the less educated classes) is that the bad character that mesmerism obtained from having been exploited and abused by the quacks for the edification of music-hall audiences has not yet died down. With the better educated the case is different. They are becoming aware of the great benefit that can be derived from these methods.

VENEREAL DISEASES, THE DOCTOR AND THE LAITY.

V. E. Duren, M.D., Hot Springs, Ark.

It is not my purpose to dwell upon the etiology, diagnosis, prognosis or treatment of venereal diseases—one of the worst curses that has ever visited the human race—but to look at it from a domestic, economic and social standpoint.

This is a subject that in the past has been considered very difficult for any speaker or writer to place before the masses. Few practitioners of medicine have felt it their duty to speak to the public on this all-important subject, and the clergy have very little to say concerning it. Consequently, thousands of young men and women, and I dare say, millions, know little or nothing of the awful curses these diseases have brought upon humanity.

We, as a people, or as individuals, are, when we hear the subject mentioned, prone to think, "Oh, well, only those who have acted indiscretely have suffered." But not so, as, of course, all doctors of medicine know that the innocent must suffer for at least three or four generations, and how much longer we can not tell. This we do know, it incapacitates, in every sense of the word, from generation to generation.

Someone has said, "Don't let it weaken the race; cure it." That is a commendable spirit, and I have three cheers for the doctor who feels that he must cure the unfortunate one who has contracted venereal diseases; but we must not lose sight of the fact that thousands are suffering from syphilis, who after having been treated for a few weeks, thought themselves cured, and, their trouble having been diagnosed gastritis or some other "itis," they have no idea that syphilis is the real disease, and that before they can be cured they must take luetic treatment. And then there are the thousands who have inherited it and are going through life ignorant of the fact. Many death certificates read: "The cause of death was tuberculosis, scrofula, insanity, epilepsy, neuritis, chronic malaria, Bright's disease, locomotor ataxia, paralysis, or some other misnomer," when, if the truth had been written, they would read, "Death was caused directly by syphilitic or gonorrheal infection."

Many good, pure, true and innocent wives have spent years of suffering, sometimes amounting to real torture, while they toiled and saved, economizing in every conceivable way, to lay by a few dollars to pay the good family physician for the earnest efforts he has made to cure. Finally, when every other ray of hope for recovery had failed, have gone upon the operating table to be wholly or partially unsexed in order that their remaining days on earth might be spent in comparative freedom from pain.

Mr. President, ladies and gentlemen, it is up to the medical profession to educate the world on this subject, thereby doing a work for humanity greater than has been done by an individual, organization or profession. No doctor should be willing to live in this world without doing something more than merely relieving those who call on him for their present ills, supporting his family and being a good, substantial citizen of the community in which he lives. He should take up with zeal and pleasure the so-called unpleasant task of educating the masses on this very vital subject, thereby making his life a boon to his country and a factor in putting in motion a wave of good which will continue to grow, spread and bless humanity after he has shuffled off this mortal coil, yea, as long as God and eternity shall last.

There are many ways to reach the people. We may, while in private conversation, educate the young men and their fathers, and often an opportunity is afforded to speak to the mothers. They will listen with interest, and will say, "There is a doctor that is a really good man as well as a good doctor. He would rather see you well and happy than to hoard away money." And, by the way, there is no better way to make money than to

always show to the people that you are interested in their well-being. It will bring you practice that you never thought of getting. Time was when the laity would not listen to a man talk on the subject of venereal wrongs or diseases, but, thanks to civilization and higher education on other lines, the people are now awakened to the fact that they need more knowledge on everything that affects the health or usefulness of the race. It will not be long until we will hear it from the pulpit and read it in the daily papers. The people are demanding it, not openly and clamorously, but they feel the need of it.

Are we willing for our daughters to marry men until we are absolutely sure that these men are free from syphilitic or gonorrheal infection? We surely are not. Then how can we prevent it? Shall we pass laws to prevent it? Shall we prevent, by statute, any person from entering the matrimonial state until he presents a certificate of good health signed by some licensed physician? I do not believe that statutory laws would solve the problem. Most anyone who has a few dollars can find some human parasite that appends the title, M.D., to its name that would sign a certificate for the worst old syphilitic in the land, stating that he had made a very careful and complete examination of Mr. A. and had found him to be in perfect health and absolutely free from blood poison, if he thought he could get the money and get by with it. I am glad to say, however, that most men in the profession would scoff at the thought of doing such a thing. But there is generally some old worthless crook of a doctor in ready reach of the matrimonial candidate. He is not always old in years, either; just morally rotten. That is why we call him old.

We must educate our daughters until they will demand the men who seek their hands in marriage to be examined by physicians of their own choice. Then, and not until then, may we be reasonably sure that we are on safe ground.

What I have advocated in this little paper must come sooner or later. It is inevitable. I see the handwriting on the wall, and I sincerely hope that all medical institutions and individuals interested therein will receive what I have said in the same spirit in which it is given and will, if they have not already done so, become interested in this momentous subject and make an earnest and enthusiastic effort to educate the people on these lines.

WHAT IS MEANT BY SPECIFIC MEDICATION AND SPECIFIC MEDICINES.

Geo. M. Hite, M.D., Nashville, Tenn.

Specific medication bears the same relation to rational therapeutics as the doctrine of grace bears to the salvation of a sinner. There is no such thing as certainty in the therapeutic results not based upon the principle of specific medication, just as there is no salvation of a sinner without the sovereign grace of God. In order for a sinner to be saved, he must know he is a sinner, then grace unfailingly saves that person.

On the same principle, the physician must know the symptomatology and pathology of the case in hand, and then knowing the indicated remedy called for, all things being equal, it proves the salvation of his patient. Many physicians, however, have fallen from grace—provided they have known grace—and gone to serving idols; and I am sorry to say a few of the "elect"—formerly Eclectics—have gone into idolatry.

Now, "while the light holds out to burn, there is room for a repenting sinner to return." As certain as we continue to attempt to keep up with the numerous new fangled medicines, whether they be singles or compounds, we are gone into therapeutic idolatry and have "departed from our first love."

Specific medication, therefore, means certain medication, and is necessarily based upon specific diagnosis, which means a definite remedy is administered for a definite condition, known by a definite symptom, to obtain a definite result. This is, in a nutshell, the God-given doctrine of therapeutic grace. What rational being would not prefer a certainty to an uncertainty?

I have tested this grand principle for a little over thirty years in an active field of general practice, and have found it to be a reliable "friend in time of need," which is a "friend, indeed."

Specific, in its root meaning, is from the Latin, species, sort or kind and facere, to make; specifying, definite, precise. Medically considered, it means producing a definite, peculiar effect upon the body, or some part of the body; curing disease by a peculiar adaptation of the remedy to a definite condition.

Specific medicines, therefore, are definite and precise medicines. That is, they are of definite strength, made from carefully selected crude materials and worked at that stage of dryness that long observation has proven to yield the best possible medicinal effect. They are free from extraneous, dirty materials, which render them unsightly when mixed for administration.

A debt of undying gratitude is due from all specific medicationists to the late lamented Dr. John M. Scudder and the immortal Lloyd Brothers, for the most excellent line of medicines developd for our use. Any remedy of definite strength is a specific medicine, whether vegetable or mineral, the medicinal action of which meets a specific condition known by a specific symptom or symptoms.

WHAT CONSTITUTES AN EFFICIENT QUARANTINE?

F. L. Hosman, M.D., Indianapolis, Ind.

Quarantine, derived from the Italian, quarantina, meaning forty, its original meaning being that a ship must remain in a port forty days should there be anyone on board suspected of a malignant or contagious disease, this time being chosen because it was supposed that any infectious disease would break out, if at all, within that period.

The first duty of the physician or parents upon recognizing an infectious or contagious disease is to report the same at once to the proper health authority, whose duty it is to establish a quarantine of the same. This report should be made after the isolation of the patient and warning the household against the admittance of outsiders.

A complete isolation should be made by the health officer and the house carded with a proper card denoting the nature of the disease within, although the patient should be removed to a contagious disease hospital, if possible. This establishes your quarantine. The next and most weighty problem is to maintain an efficient quarantine. In doing this much must be taken into consideration and sound judgment must be used. We will take up several of the most important of the contagious diseases in regard to their quarantine:

Diphtheria.—You are called to see a patient with a sore throat. You may see your patient early and prescribe your usual remedies, the patient makes a recovery, probably you only saw the case once. In about seven days another one in the same family is taken sick with a sore throat; you are again called. This time you diagnose your case as diphtheria. You warn the rest of the family to be careful about themselves, probably, and you certainly would give them some prophylactic treatment. How about your first case of *sore throat?* What was *it,* doctor? This is the point I wish to bring out. We make mistakes like this right along. We are not careful enough and take too many things for granted; because a case does not show typical symptoms, etc., we are content to let it pass on without much thought.

I believe every sore throat should be cultured before you let it get away from you. By doing this you will protect the community at large. I also believe that every person in the house should have a culture made of their throat when a case of diphtheria is discovered in their home. No one except the wage earner should be permitted to leave the house, and not then until he has changed his clothing. That is, he should not be permitted to wear the same clothing outside that he wore in the house.

No quarantine of diphtheria should be lifted until two negative cultures have been taken of the patient on different days, and also negative cultures are found in the rest of the family. The quarantine period is usually fourteen days for each case.

Scarlet Fever.—Practically the same can be said of scarlet fever as of diphtheria, with the exception of the cultures, which are not effective in diagnosing scarlet fever. Beware of any scarlet rash and investigate it thoroughly. I firmly believe that the quarantine period of scarlet fever is not long enough. The usual period of most health boards is twenty-one days. My experience has been that in about two-thirds of the cases during the last epidemic in this city, the desquamation was still greatly in evidence at the end of that period. Would you want to release a quarantine at this stage, just because the board said twenty-one days was the term for quaran-

tine? Therefore, I would suggest that you take the matter up with your health officers and see if this period could not be extended to twenty-eight days. I have already made this recommendation to the board of health of this city.

Measles.—This disease is the cause of the death of many of our children through the ignorance of many parents. They take their little ones into a case of measles and expose them unwarrantedly "because it will not hurt them when they are small." This is a mistake and it is up to you, their family physician and counselor, to correct this unmerciful habit. Measles is also our weakest quarantine. Fourteen days for each case, and provided one child has had the disease he may continue in school.

Chickenpox.—About the same can be said of this disease as of measles, except its similarity to smallpox in its eruption. During our epidemic of smallpox this winter a number of cases, reported as chickenpox, proved to be smallpox. The quarantine period is twelve days.

Smallpox.—This dreaded disease presented itself within our city last fall and still continues with us. As there is a paper upon this subject, I will not mention anything about the disease, but will outline what I believe is a very favorable method of quarantining this loathsome disease.

As soon as you find your disease, isolate your patient either in a detention hospital or in a large, airy room, and card the house. Allow no one to enter or leave the premises. Vaccinate all members of the family, whether exposed or not; take no chances. See that all contacts are vaccinated. Take every known precaution to prevent the spread. Spray formaldehyde twice daily throughout the house. It is unnecessary to establish guards, because the neighbors are "very good" about reporting any infraction of our quarantine.

The matter of isolation of all contagious disease patients is a subject that is very much discussed at all meetings of health officers, and as yet no definite solution has been presented; therefore, one must rely upon their own judgment.

The period of quarantine for smallpox is usually sixteen days but I have seen cases develop twenty-five days after quarantine had been lifted; therefore, I believe that the period should be extended to at least twenty-one days.

An efficient quarantine in any contagious disease must depend upon the varying conditions, such as locality, density of population, etc. But the most important feature towards keeping up an efficient quarantine is to have sufficient funds in your contagious disease fund to carry on your work. Another important feature is to use good "horse sense"; be firm. Treat everybody alike, for the life of a health officer is not through a path of roses but usually that of thorns.

DISCUSSION.

DR. ESTELL: I would like to ask how he knew the people in the street cars were not infected?

Dr. Lambert: If two blocks in the open air will disinfect the doctor's clothes, why will it not disinfect the child's clothes?

Dr. Van Nette: When he comes out of the house, suppose he meets a half dozen people just outside the door, how do they escape?

Dr. Burnett: Do you quarantine all cases of measles and chickenpox where they are reported?

Dr. Dean: I sympathize with the doctor who read this paper, because I have had considerable experience along this line of quarantining and disinfecting and cleaning up after contagious diseases, and, as he says, it is impossible to maintain a sufficient quarantine in a private family. In the pest house you can do more, but it is impossible in a home.

Dr. Lambert: Is it customary to keep them in the full time as required by law? We have lots of these cases that get well in two or three days, and I hate to keep them out of school.

Dr. Vitou: I want to congratulate the essayist on his paper. That is the first paper I have heard on public health, and that is one of the most important branches of the medical profession. We can not get the effective quarantine we should, but we can take precautions to see that a contagious disease is not carried to another place. The physician should wear a gown, and a close-fitting cap over his hair. These things the law of Indiana requires. There is one thing that should be brought before this association, and that is the reporting of vital statistics.

Dr. Hosman (closing): There is a possibility of infecting the people on the car, but I always stay on the outside of the car. How many people would I pass on the outside of the door? We do not allow any one on the inside of the gate, or, if in a flat, we remove them to the detention hospital. In regard to the two blocks walk, and wearing a gown and hat, etc.; I tried it, and I found I was continually taking the cap and gown off, therefore, before starting in I thoroughly fumigated with formaldehyde, in a closed room, consequently, I was always under the fumes of formaldehyde. The question of vital statistics is a very important subject. I wish all of you could go through the system we have here in this city. One of the best things we have found is what we call the "Warning Card." If you are not sure of your disease, you order up a warning card that states, "Warning! Suspected Contagious Disease." Whether it is diphtheria, scarlet fever, or what not, you use the same card.

A FEW POINTS FROM OBSTETRIC PRACTICE.

J. Paul Harvill, M.D., Nashville, Tenn.

I was called one evening to attend Mrs. P., in a case of confinement. She presented the following history: Aged thirty-eight, blonde, sixth child, three of whom died early in life from so-called scrofula. Cancerous cachexia, both in history and appearance. The sack of waters broken two weeks previous to my visit. Os dilated the size of a dollar, neither soft nor dilatable, with walls slightly thicker than an ordinary lead pencil. Pains irregular and unsatisfactory. Prescribed kali phos. and macrotys in the usual doses and retired to an adjoining room to rest, after cautioning the patient not to bear down nor attempt to aid the pains by grasping the bedding or the hands of the attendants.

After probably one hour I heard a sound as if the patient was having a

strong pain, like that of the latter part of the second stage of labor. I hastened to her bedside and made a digital examination and found the os only slightly larger than it was an hour previous. Then I insisted on her ceasing the expulsive effort she was making, telling her the danger; she replied that she could not stop. I insisted with greater emphasis, but the pain continued. The more I talked, the harder the pain, until she rather suddenly relaxed. After the pain ceased I cautioned her again of the danger. I had no more than resumed my seat by the fire than the patient exclaimed, "Oh, my side! Doctor, I feel so strange; I'm blind; I am sick." These were her last words.

I hastily examined; found the head of the child partially engaged in the pelvis. Putting my hand on the abdomen, I found the fundus partly contracted on the left side, and the body and lower extremities of the child in the peritoneal cavity on the other side. I quickly applied forceps and delivered the child, having sent a runner for a nearby physician. The patient promptly died. This is the only case of obstetrics I have ever lost from any cause. I do not believe this patient could have been saved had she been in an up-to-date hospital, on account of her general health.

I have rehearsed this case more particularly because it is the only case I ever lost, out of fifteen hundred cases, and because of the effect it had on my obstetric work thereafter. A mistake or misfortune on the part of the physician does not always breed disaster, but, on the contrary, may be of inestimable value in his future work. My professional career has not been free from errors, both by omission and commission; but it has been my endeavor not to make the same blunder the second time; in other words, to profit by my mistakes. I am sure I have been responsible for one case of tetanus in the newly-born, by permitting an old woman to fix the naval cord. Only two have occurred in my work, but the second was caused by the carelessness of a trained nurse. Properly observing the rules of asepsis in your management of the cord will obviate much trouble.

Again, I have failed to give my patient the proper care in the later months of gestation. Nine out of ten may have no trouble, but you may be able to prevent serious consequences to the tenth one by visiting your patient, observing her general condition and examining a specimen of her urine. My experience has taught me that this preparatory observation and treatment has yielded me an abundant harvest of success.

The matter of diet, exercise, baths, rubbing and fresh air, should be well discussed with your patient. Nothing does more to ward off gloomy forebodings incident to the pregnant state, than the assurance of the physician that he will stand by her faithfully and be kind and gentle with her. So much depends on your patient's mental equipoise and attitude. Kidneys bowels, skin, as well as nutritive forces are more active under proper mental conditions.

The question was asked me a while ago, what per cent. of instrumental

deliveries I had had in my work; I answered one in seventy-five or 1½ per cent. I can now see that I probably unnecessarily prolonged the second stage of labor in a few instances, but they are very few. During one year at the Glasgow Maternity Hospital, there were 2,179 confinements, with one in every eleven cases delivered with forceps, while of 1,697 cases confined at their homes by the maternity staff, one in every sixteen were delivered with forceps. One physician told me that he delivered one in every three cases with instruments. On being asked the reason for this, answered, "I have no time or patience to fool with them." I am sure the same reason accounts for mechanical interference in a great many instances.

There are a few factors in the lying-in chamber that have always given me trouble, and have been difficult of solution. First, the anxious mother or mother-in-law. The majority of them are unfit to be with your patient in a tedious case of labor. They are impatient for results; and it behooves the physician to tactfully remove them from the room if possible. Second, Mrs. Know-it-all, a good neighbor and a special friend to the family. I am sure there is not an obstetrician here who has not had her to deal with and who has not had severe mental storms to pass through his brain on account of her. She tells your patient: "There must be something wrong." She tells her that "Mrs. So-and-so died, who suffered exactly as she is suffering." She tells her that "Dr. Smith let Mrs. Jones die because he would not use instruments or give chloroform." She suggests to your patient that her strength is nearly gone and she can not stand it unless something is done. "Something is wrong or you would have been through long ago. My daughter's child was born in a few minutes after the doctor came. If the misery goes to your head it will sure kill you. If you drink milk or eat fish or game you are sure to die." Superstitions galore; and they know how to tantalize the doctor. When possible, I call a trained nurse and get rid of the whole bunch. The lying-in patient needs all the encouragement she can get, both from the doctor and the attendants; and all this kind of stuff should be kept from her.

After the child is born, we often have trouble keeping visitors away; they begin to come in, frequently, before the child is washed or the afterbirth delivered. This is wrong. It is best to insist on the patient remaining quiet for at least four full days; and then a reasonable amount of company is not bad. Short visits in such cases are to be preferred. I have heard patients express themselves as feeling fatigued, with headache and sleeplessness after prolonged visits from neighbors or friends.

Cleanliness from beginning to end should be your watchword. Do not recommend the douche indiscriminately. Give the patient plenty to eat after the second day, if everything is normal. Always examine, closely, for lacerations and other injuries to the mother. Do not fail, as soon as the child is delivered, to place it on its right side, with hip elevated. Insist on the child being handled as little as possible. Do not fail to remain with your patient the "one hour." You might be needed.

THE FUTURE.

M. S. Canfield, M.D., Frankfort, Ind.

It is with much pleasure I appear before you to-day, that we can, as a band of men who are anxious to talk together as friends, and, for a short time, discuss some of the dangers appearing before us. Our interest is a common one in which we are alike interested.

The great central force which to-day is engrossing the attention of the wise and progressive medical men all over the world, was but a dimly lighted taper as far back as the time of Dr. Wooster Beach. But that uncertain glare which glimmered upon those early reformers, amid the persecution of the dominant school of medicine, has not been suffered to go out in darkness. Mile boards have been erected along the ages by such men as Samuel Thomson, Rafinesque, Dr. Jacob Tidd, of Amwell, in New Jersey, and many others, which, like Janus of heathen mythology, point both backward and forward. Backward, to the teachings of the early reformer, and forward to the time when these principles should be put into active and positive demonstrations in specific diagnosis and specific medication

It is with pride we come before the public to-day when we consider the able medical colleges which are true to these teachings which we advocate. A medical student is able to receive as thorough and advanced medical instruction at our colleges as anywhere in the United States. But now we are invited to lay down those established teachings and accept the teachings as taught by medical men who have little, if any, faith in our materia medica and therapeutics as taught and practiced by liberal physicians. Are you ready for such a proposition? Are you ready for such an amalgamation as this, in which you will lose your identity and place the control of medicine in the hands of the dominant school?

This dominant school is in favor of a national medical board, and freely advocate it at their gatherings. At a meeting which was recently held in Chicago, one of their speakers, in discussing this matter, said it might be advisable to place one Homeopath on this board. This was evidently said to satisfy liberal physicians, but not one word was said about placing an Eclectic upon this board. The dominant school has insisted upon our members taking membership with them and thus do away with our liberal association. Some of our physicians have consented to this amalgamation in which they lose their identity as liberal physicans.

I can not think of this invitation to fellowship with the A. M. A., but my mind reverts to the year of 1572 in France, when the Huguenots, after having been engaged in a bloody war, and after many victories, the enemy invited these poor Huguenots to come to Paris and witness the marriage of Henry of Navarre (Henry III) and have peace and friendship and no more bloody war. But, alas, what was the terrible disaster and brutal massacre that followed this unwise amalgamation. After the Huguenots were within the power of their enemies, by contrivances well planned, they were almost

totally massacred, regardless of age or sex. Gentlemen, when we accept the invitation to form this proposed amalgamation by the dominant school, you may rest assured that as a school of liberal medicine we will be wholly massacred.

I am not ready at this time to assist in forming any such an unreasonable amalgamation. So long as we, as representatives of liberal medicine, can show that we have strong State and national associations and a great plea for humanity, then we will always receive fair and equal treatment from our law-makers and from those who represent us in all national affairs. I trust, as years come and go, we will increase both in numbers and also in the quality of the work done at these assemblies.

When we read in history of the representative men who have labored in the early days of liberal medicine, and their grand achievements, I think we have caught but a glimpse, as they have passed in the distant clouds, and disappeared. But their brilliant work remains. The principles established then shine on with undiminished luster, filling the whole horizon with the glowing promise of the better days. Men die, but the truth survives. Leaders fall, but the ranks close up, and those living principles, with increasing vigor push on the advance. "Men may come, and men may go, but these go on forever." We are to emulate the high endeavor of those who have wrought for our good. We are to cherish and extend this enlarged liberty and freedom of speech of the early founders of liberal medicine.

PELVIC ABSCESS.

Augustus P. Hauss, M.D., New Albany, Ind.

The term "pelvic abscess" as used in gynecology, is somewhat vague; for it literally includes all forms of pus found in any part of the pelvis, from the tip of the vermiform appendix to the ischio-rectal fossa. Considerable doubt existed for many years as to the actual site of these abscesses. It was long supposed that they were all alike located in the cellular tissue, and were the outcome of a cellulitis. As a matter of fact, demonstrations made from hundreds of cases, annually observed by gynecologists during the last decade, prove that the seat of the abscess, as a rule, is located in the uterine tube or the ovary, and that it is rarely found in the cellular tissue.

I will, in this short article, deal wholly with pus on the floor of the pelvis below the uterosacral folds (abscess of Douglas' cul-de-sac). This form of pelvic abscess is due to perimetritis. Perimetritis is an inflammation of the peritoneum of the pelvis resulting in adhesions of the adnexa, intestine, of pelvic peritoneum and especially of uterus.

Pelvic abscess may be septic or gonorrheal, acute or subacute. It occurs most frequently as the result of the extension of a cervico-uterine

inflammation through the tube, broad ligament or lymphatics; sometimes from appendicitis or peritoneal tuberculosis. If the tubes do not become closed and pus is poured out, or if the infection rapidly involves the pelvic peritoneum, a peritoneal exudate results. Therefore, in the acute forms, with the symptoms of peritonitis, the results are an accumulation of exudate of varying amounts in the cul-de-sac of Douglas, which can be readily made out when under tension, which occurs when the exudate becomes encapsuled. In the presence of much exudate, the uterus is pushed forward and upward and a mass or tumor is felt back of the uterus. Evacuation by free incision is the proper treatment in cases pointing into the vagina. The following are the steps of the operation:

1. Cleansing the vagina and cervix with a hot lysol solution.

2. Fix the point in the vaginal vault for evacuation. The proper point for puncture of the abscess is posterior to the cervix and in the median line.

3. Press the vaginal wall well up against this point with the index finger while the middle finger is introduced into the rectum to protect it from injury.

4. Introduce a sharp-pointed pair of scissors on the index finger up to the point of puncture, and plunge the scissors into the absces in a curved direction, following the axis of the pelvis.

5. Withdraw the scissors with the blades open to enlarge the puncture, followed by the introduction of a large pair of blunt scissors or a large uterine dilator, making an opening from two and a half to three inches wide.

6. Introduce a rubber gloved finger inside the sac, with a view of discovering and breaking down any secondary abscess.

7. Curette, loosen and remove the lining membrane of the sac wall.

8. Irrigate the cavity with a hot lysol solution, twenty drops to two quarts of sterile water. Irrigate cavity night and morning.

9. Pack the cavity loosely with washed out iodoform gauze.

10. The after care consists in keeping the cavity open so as to drain freely; and clean by daily irrigations and bathing the vulva with a hot lysol solution. Then apply sterile absorbent pads to be changed every four to six hours.

This class of cases are always highly septic and they should all have the combined bacterial vaccine (Van Cott) as indicated; one injection every day for three days, then one every third day until six, in all, have been given. In addition to the bacterin treatment, the patients should have a dose of acetate and citrate of potassium, night and morning, q. s. to keep the kidneys and bowels active; Howe's acid solution of iron (Lloyd's) after meals and specific tincture echinacea in fifteen-drop doses at 9:00 A. M., 3:00 P. M., and 9:00 P.M., daily. Barring complications, this class of cases make a slow, but satisfactory recovery, if they have the proper food and hygienic surroundings.

TREATMENT OF SYPHILIS.

Harry R. Werner, M.D., Thomas, W. Va.

From a number of recent articles appearing in medical journals, it seems to me if there is any one disease that is being poorly and improperly treated, it is syphilis. The object of this article is not to describe syphilis, but to outline a treatment that will cure, if properly carried out. After having tried the recommended remedies, such as phytolacca, iris, echinacea, corydalus and the so-caled vegetabe alteratives, with results that the majority of my patients would seek the advice of other physicians, it became necessary for me to get busy and look up a treatment which would give results and give my patients relief. I will therefore give you an outline of the treatment which I use in the majority of cases, however this treatment varies in some peculiar cases.

First: I never start treatment until I am positive I am dealing with syphilis.

Second: I get my patients to stop drinking spirituous liquors, smoking and chewing tobacco and drinking coffee.

Third: I send them to a dentist and have their teeth examined and properly treated.

Fourth: I impress it upon their mind that it will take at least three years to cure them. God pity the man who falls into the hands of the doctor who claims that he can cure it in from a few weeks to six months; as I have treated a number of children with congenital syphilis, where their parents have had these so-called cures, saying nothing of the number of relapses following these cures.

In regard to salvarsan and neosalvarsan: I have not used either for some time. The only results I ever did derive from them were temporary; and I had to fall back on my other treatment to effect a cure. However, in urgent cases it will heal up the lesions in a remarkably short time; but, unless followed by other treatment, it will develop again.

The question then arises whether you are not taking more chances in using these remedies than the good they do, as it has been stated by some nerve specialists that 60 per cent. of their work in the near future would be due to salvarsan. With the following treatment you can cure your lesions in from ten days to two weeks:

I have my patients come to my office every other day and I give them an injection in the glutal region with a subcutaneous syringe, using a needle one and one-half inch long, using each region alternately, of twenty drops of the following solution: Mercury oxycyanate, one per cent., with acoin four-tenths per cent., which I keep up from one month to six; and, after a few days rest from using the injection, the patient showing a tolerance for mercury, I put them on the proto-iodide, one-fourth grain, three times a day, increasing if the lesions do not heal up; diminishing if the teeth get sore, gums get spongy, metallic taste in mouth, colicky pains or diarrhea.

Following the injection of mercury, I use sodium cacodylate, four grains twice a week, for a month to six weeks, after which I put them back on mercury oxycyanate with acoin; and continuing all the time proto-iodide of mercury.

The first year I use this treatment, alternating as above, only changing where necessity will require. At the end of the first year I commence to give them a few weeks rest, starting again with the same treatment, and giving them a couple of weeks rest every two months.

The third year I alternate with the proto-iodide, the mixed treatment, occasionally using Bernheim's soluble iodine. If the patient loses strength and too much weight, the mercury injections must be discontinued and some good tonic given.

The object is not to keep the patient on one thing too long, as the spirochæta gets a tolerance for any one treatment. For the proto-iodide I often substitute the tannate of mercury—one-fourth to one-half grain, three to four times a day.

In case the gluteal region gets sore, I use the fumigation method, which consists in using a cabinet, alcohol lamp and pan. Place twenty to thirty grains of calomel or black oxide of mercury on a pan over an alcohol lamp. Have the patient take off their clothing, sit in the cabinet, place a pan of hot water in the cabinet anl light the alcohol lamp. Have him remain for twenty minutes, then wrap in a blanket and go to bed.

Another line of treatment consists of the inunction method, which may be substituted. I use the improved mercurial ointment, sixty grains in a capsule (Mulford), by applyling it to the back, using a mercury shirt. Gray oil and mercuric chloride are good also, but the above line has proved best in my hands. Lastly: Do not forget that potassium iodide does not kill the spirochæta, but merely drives them out of the lymphatics afer the mercury does its work.

LIFE.

J. H. Hauck, M.D., Terre Haute, Ind.

It is a very lamentable fact that great ignorance is permitted to abound in regard to the most important facts of life. The problem of creation, on every hand has been left out of discussion because of a certain prudishness or false modesty on the part of some people. The one great consolation of this old lustful world of ours is that there is life. You can not get away from it, and you would not want to get away from it if you could; for who would want to live in a world where there was no life? Life means grass, plants, flowers, trees, vegetation, and animals of both low and high degree, and all living things. In fact, you could not be in a world of this kind; for to be there you would have to be alive, and therefore would represent the highest type of life. And if you admit the necessity of life, you certainly want what is the results of life, the colors of nature, the trees,

grass, flowers, forests, gardens, farms, parks, insects, animals, fishes, and folks or people with whom you can associate. You can not exclude anything of living nature from the pulsating world that is moving twenty-four hours every day. Can you imagine how desolate and lonesome a non-living or dead world would be, provided, of course, it were possible such a thing could exist. Then again, how many of you have never been lonesome? I believe that you will admit that even in this very live world of ours, that lonesomeness does exist, for we have all of us had some experience of that nature. So it is life in the other fellow and other thing that is necessary to us.

The children in the schools study botany, plant and animal life, They occasionally go out into the woods and parks on expeditions with their teachers to study the great problem of nature; and what do they learn? They learn the shape and form and size and function, if there be any, and the color and nativity and a lot of other useful knowledge about these things; but after everything has been said, have they not left out the most important part of it all?

A teacher of a class of children one time took her scholars to see the circus, and they went early and spent much time in viewing the different animals. Some time afterwards, after having given them a lecture on animal life, she asked if any of the children knew what the highest form of animal life was. A little girl finally said she knew it certainly must be a giraffe

Listen, then, the life of every living thing comes from a very tiny seed. You have to plant seed to get corn, wheat, potatoes, vegetables, fruit and trees; likewise the life of all animals, high or low, is from the same source. The seed is originally contained within the mother of all plant or animal life. To bring this seed to fertilization it must be touched by the male seed, when, everything else being equal, you may expect fertilization, and propagation and increase of its kind. Mother Nature, in her earnest appeal for the right to her subject on earth, joyfully cries, "Lift up your heads and and hands and rejoice, for the maker of all will breathe life into you, and you shall take on your beautiful robes and colors, and grow." And again a little later we hear, in hushed, awed wonderment, "The Master's breath of life is upon you." Whereupon the grass shows a green color, the leaves begin to grow, the flowers begin to bloom, the birds are heard to sing, and the world is inhabited with living things; and if we could listen to and understand the chant and animal language, we might be able to hear one grand song or chorus, saying, "We live, thank God, we live; therefore, we are happy."

We can take a great lesson to-day from the scientific farmer. What does he do, you ask, that has any bearing on life? Or the propagation of life? Well, let's see. The first thing the scientific farmer does is to go himself or send his son to an agricultural school to take a course in farming. There he learns much about the selection of farm seeds and their treatment

before they are planted. Then he is taught the proper manner in which to prepare the soil into which the seed is to be planted. He is also taught something about the chemical conditions of the soil, so that its defects can be remedied chemically through fertilizers. Then he is taught the proper treatment of the soil after the seed has been planted and begins to come up or grow. So, then, this scientific man makes especial effort to get the best grains of seed that can be had for sowing. He throws aside everything that is the least bit diseased, inferior, or imperfect, and only perfect seed is used. He plants this good perfect seed in soil that has had proper treatment for the reception of this seed. This ground has been perfectly fertilized and plowed and prepared so that there will be little, if any, trouble with spurious crops, such as weeds, etc., which would hinder the growth of the regular crop; and the proper after-treatment is given to that field so that it is kept free from weeds, and the preservation of moisture is looked after.

Now, as to final results: Is it worth all this special training and work? Statistics show and prove that the increase in crops and, consequently, the increase in money derived from the abundant crops so treated, more than pays for all the time and labor and expense involved. There is a better class of produce put upon the market and the land itself is greatly benefited by this treatment. Ask any scientific farmer if it pays and he will invariably answer in the affirmative.

This same thing is carried on by Luther Burbank in his special work among tree and plant life. What wonderful strides have been made in this line of work! It also pays.

This is also true of the lower field animals; great care is given to the selection of proper parents for the offspring of horses and cattle and hogs; only the best prospective parents are selected, those that are free from disease and are healthy and have perfect form. No imperfect or inferior stock is used in breeding and mating; and it pays.

And now we come to the astounding fact that what is true of all these things is not true of the higher animal type, or man. No attention is paid to this subject; in fact, it is looked down upon and kept out of the limelight. We, man, who is supposed to have the higher knowledge, the higher ideals of perfect life, the higher thought and power to consider and think and ponder and weigh what is in the balance for or against, the power of interpretation, of achievement, of self-mastery, the power of will and industry and integrity. We suddenly find ourselves in the astounding and embarrassing position of being slower to apply scientific principles to the propagation and up-building of mankind, or our own selves, than we are to the plant and lower animal life. If it is good principle to apply science to plant and insect life, why will it not be good to use it for the betterment of mankind? Are we of less importance or of less consequence, or are we just negligent in this matter? If it is good and pays in lower life and plant

life, why will it not be good and pay in higher life? If man could have the very great privilege of selecting parents who were absolutely free from disease and were in perfct health and had perfect heredity, this world would be, in a century from now, a perfect paradise. But that can not be, for sin and disease of one kind or another has been handed down from the time of Adam and Eve, through all the generations, to the present time, and consequently, we have wrongs of the body and soul and mind to contend with. However, much could be accomplished if we would begin now, at the present time, to weed out all disease-laden and undesirable victims of sinful mankind, and keep them from having diseased offspring. We must be trained in this subject so they can instill in their growing children the things they should know and respect, and the things they should avoid. It is only through the future generations that the betterment of the world can be accomplished.

Why is it that we hold on to mystery of life propagation. Why does the superstition, dread and awe of this subject still remain. The sacred rights of every child and youth demands, by divine right, the proper knowledge along these lines. As the child grows up and his understanding becomes sufficient, he should be told in the proper, confidential and honest manner. What if you do not tell him? Then he will be told or learn about it in the street in a wrong and perverted way. I am sorry to say that the general knowledge of the boys and girls of the street, who think they know and who do the talking, is nearly always perverted knowledge; not based on science or fact, but based on the immorality which is the common property of the street. Are you going to let your boy or girl go so long that the only knowledge they get of the matter is wrong and perverted knowledge? Do you not think that many boys and girls could be saved disgrace and ignominy of shame and their virtue, the one great thing that counts for right living, if the parents would only take a little interest in their children and tell them in a clean, honest, modest manner, the things that they will have to know in order to live clean lives, and the things they will get dishonestly if you do not tell them? Only too often the advice they get is not only dishonest, but untrustworthy and false. Not knowledge that is based upon scientific and honest endeavor and thought, but upon idle and eager curiosity or unchecked or uncontrolled passion.

Upon whom, then, does this most sacred trust fall if not upon the parents? And again, who should be more interested in the welfare of a child than its own parent? Do you think any person has as much interest in a child as its own mother or father should? Aside from parents only special teachers who are especially fitted for the instruction of children, should be permitted to instruct children so they may become honest, clean people and parents. Until the schools can be taken out of politics, and, also, until the teachers of schools—or a sufficient number of especially instructed teachers can be employed— this subject should not be taught in grade schools. An incompetent in any line of work can do more harm through faulty

work than the good that they do. The recent experience in Chicago demonstrates this admirably. We must tie our hope to the parent and especially trained teachers until there is a time in the future when there is more general knowledge than there is at present. It is in the home, then, that we must look for relief from the present conditions.

Ex-President Roosevelt once said, "The greatness of a nation lies not in its army, its money, its possessions; but in its homes; for within its homes and by its mothers are the men of the nations made." That is extremely fine sentiment, but I should like to add two more words to his thought and make it read, "for within the homes and by the *mothers and fathers* are the men of the nation made."

The vice of this world of ours comes not from sexuality, but from sensuality. The happiness or unhappiness or wickedness of this world begins with man. The happiness and prosperity of a family or nation depends upon the habits and morals of that individual family or nation. All misery, disease and suffering springs also from this same source. The key to the social problem is the individual; and again the problem is the individual. Man, therefore, must deal with his own individual self and his brother or sister, if this question is to be solved. First of all, God gave us clean bodies to live in (with the exception, of course, of transmitted hereditary diseases handed down from the parents of generations before), and I wish to say that there are a considerable number of human beings born into this world with unclean, diseased bodies, due to the sensuality (not sexuality) of the parents. We should, then, preserve our bodies in such a way, while we inhabit them on this earth, that they will be acceptable to God again when we are through with them in this world and pass on to the other world.

Sexuality is pure, beautiful, has a lawful focus or vision. Sexuality is that of which everything good and great is made. It is the steam or force out of which all progress comes; and, like steam or electricity, it is powerful for good only when kept under control. All great men and women of the past and present who achieved anything were endowed with a great sexual force, and that force was conserved and turned into a great purpose by thought and deeds. Sexuality, then, is *the great force and power* of this world, and from it comes goodness, greatness, health, love, power, integrity, advancement, achievement; and from it great people are made and great nations are founded.

On the other hand, sensuality means exactly the opposite. Sensuality is perverted or changed sexuality. From it comes the wrecked individual, the wrecked home or nation. Filth, vice, immorality and disease follow in its tracks. Out of the 30,000 prostitute women in New York City, it is said that 10,000 of them came from good respectable homes; sensuality was the cause. Some statistics have it that ninety out of every hundred men of this world have gone wrong; and many of these have contracted

disease and passed it on to innocent and healthy wives and children. Such is some of the misery of the present day. Over 50 per cent. of illness in women is caused from sexual perversion.

Do you realize that if you want your daughters and sisters to have honest, clean, healthy men for their husbands, that they have only one chance in ten to select them. The lie that has caused lots of misery and immorality and disease has been called *"Man's Physical Necessity."* Let me say, with all the force I have, that there is no such thing as "Man's Physical Necessity." Sexuality or sex force should be preserved and used for all good forces and causes and not spent in licentiousness. Let me say that it is a fact that *most* boys or men, not all, who have become sensual and became infected did so before they were twenty or twenty-five years of age. Now let us not blame the boys. They are rather to be pitied than censured. They were not taught anything better. If the parents had taken the pains to instruct their boys as to what they should expect when they were growing up, we would not have so much unhappiness in this world. If the parents would tell their boys and girls the awful sin, wretchedness, poverty, and awful disease that follow in the wake of those who succumb to their passion and use it unlawfully, this world would be a much better world. I had in my professional care recently, a young lady who had fallen to the caresses of her lover. I wish to say that this was the daughter of a minister of the gospel. This poor diseased girl had no one to go to for sex advice but her parents; but alas! they had never taken enough time from their busy lives to teach their daughter that which she found out after it was too late. Her parents were too proud and straight-laced to condescend to tell their daughter what she must avoid. This wretched, diseased, beautiful girl, one of God's creatures, sobbing, told me that if she had only known beforehand; if her parents had only instructed her to only a small extent she would have been safe; for she was not a bad girl at heart. The doctors, the ministers, the laity, it seems, would rather see sin, immorality and disease in this world than exert a little effort on their part toward teaching the growing children, and thereby warding off these awful conditions. Some say we should be ashamed to tell our children. Which is the greater shame? That of the telling or that which follows their downfall?

Again, another cause which manifests itself in many perverted cases is a physical wrong of some kind; usually of the sex organs. There is some one part rubbing against another part and the friction causes nervousness and self-pollution and self-abuse, at times. These things come about, many times, unconsciously, and if you were to reprimand them for it they would stoutly deny it. In fact, many of them do not know what they are doing. Circumcision is often of benefit in many cases of both boys and girls, and any other nerve irritation should be remedied. The Jews have a very good custom in circumcising their boys when they are about eight years old.

Now, let's get out of the old harness and cast prudery aside, for it certainly has done enough damage in the past. Or I might put it in a different way, and say that it has done so much that is not good that it deserves a back seat for the rest of time. Now, don't hold up your hands in horror; just grip your chairs tightly and hold fast. I want to say that I would go one step farther than the Jew and say, circumcise the boys by all means, but also give the girls the same privilege of being rid of nerve irritation, and give them, also, the benefit of a clean life by using the same procedure with them that you do with the boys. These irritations, unattended, go farther than most of us think. It causes dishonesty, untruthfulness, depravity and criminals. Go down to the police courts and you will see the gross results of sex perversion. There is what we may call metastasis; that is, a thing of wrong felt at some distance, or at another point than its source. Cases of lying, stealing, shoplifting and every criminal tendencies have been remedied by the removal of the irritating causes. It was a change or metastasis from the physical to the emotional or mental that caused the trouble. That is brought about by the "life wire" or sympathetic nervous system, which carries impulses and messages, and this life wire should be kept absolutely free from irritation, so the proper message will be transmitted properly and without interruption. Examples of metastasis are: Lockjaw from a wound, and mumps from glands of the throat or neck, and headache from stomach or bowels or other organs. Likewise, we have metastasis that makes people insane. It has been stated that if all nerve irritation was attended to, that the number of insane patients in the hospitals for the insane would be reduced at least one-half. What a grand opportunity for the judges of the courts in taking care of the cases tried before them; for what over half of them need is not prison bars, the reformatory or jail, but physicians who can take away their tendencies toward evil; and they will make respectable men and women in the community.

The first instance on record where the courts have recognized the physical sickness as cause of crime is in the recent cases at Benton Harbor, Mich., where Judge George Bridgeman sentenced some young people not to prison or to the reformatory, but to the physican or surgeon to see if, by the removal of nerve irritation, the cases could not be cured. The results in these cases were so very successful and satisfactory that the judge gave out to the press that, hereafter, he would commit no prisoners to the penitentiary without first giving them the chance of getting cured by relieving nerve irritation.

Much could be done in our own cities and communities if we would only put out a little effort. When we have solved this problem, then there will not be such a white slave traffic, disease will be lessened, and life will be more pure and more beautiful.

CONGENITAL PHIMOSIS.

Wesley Van Nette, M.D., Clyde, Ohio.

We often find in boy babies a constrictive band in the foreskin, with adhesion of mucous membrane adhering to the head or glans penis.

If the abnormality is not corrected, the baby will become fretful, nervous, cry constantly, emaciate, and sometimes convulsions follow. In time, a cheesy substance will accumulate back of the glans, and inflammation result. I circumcised my first case, but stopped right there. I then made this dilator I show you, and now carry this outfit in my obstetric bag, and operate at birth on all these cases, which leaves the child in a normal condition, as nature intended.

With a small glass syringe inject a solution of lysol and glycerine, 3 3-$\bar{3}$ 8, which is antiseptic and anesthetic. Then, with a probe, separate the mucous membrane from the head or glans to which it is nearly always adhered, then enter and dilate the constricting, band then separate again, and so on, frequently dropping on the lysol solution. In this way the operation is soon done, almost free from pain, and little soreness follows. The foreskin should be stripped back every day and cleaned with this solution, or this and water, or in mild cases, plain water; and in a week all is well.

The foreskin should be stripped back and parts kept clean at least once a week after the parts get well, if not, the parts may re-adhere, and trouble return.

If this operation is properly done and the parts kept clean, the result will be a healthy baby that does not cry or fret, will grow and thrive as a baby should—also pleased and grateful parents.

PHLEBITIS.

J. D. McCann, M.D., Monticello, Ind.

I would like to ask how many have treated a case of phlebitis. I have been practicing since 1888, and I have had one case. A man came to me with those nodules which had come along the veins, and kept coming and growing until they were all over the body; and each one of them formed an abscess that you could put a large syringe through to wash it out. That was several years before I saw him, but when he came to me he had the same symptoms he had had in the beginning. What did I do? What did I know about phlebitis? Nothing. But I made an excuse for him to come in to get his medicine a little later, and I went to the authorities I had, but I did not get any satisfaction. Then I went back to the "Practice of Medicine," by Dr. J. M. Scudder, and found it almost word for word as this man had described it to me; and, following Dr. Scudder, I gave him tincture of iron along the vein and internally. I gave it to him with some fear and trembling, because I had never tried it; and it is no credit to me, but to Dr. Scudder, that the man went on with his work. He was a carpenter,

and was practically well in three days, after being laid up for months with the trouble.

Now, if you know any more about phlebitis than I do, I wish you would tell us about it. All I want is to get discussion. That is all the experience I have had.

DISCUSSION.

Dr. Finley Ellingwood (Chicago): I have had experience in three or four cases of phlebitis, and it was only a short time ago that I realized it was rare. Then I remembered I had never seen any articles written on the subject. Without any preparation at all, I can not give you the definite pathology of the cases, but I am sure the three cases showed three different forms. One form is known as "milk-leg." You are all familiar with that. The case I wish to speak of more particularly was one I saw in Wisconsin, in consultation. I went there at the request of a doctor friend, one very cold day, and when I arrived he said, "I have a lot of cases I want you to see," so we got into his cutter and rode over that country. It was about twenty-five below zero, and the last case we saw was this man. He told me that he had a case of fracture that had the oddest complication, and he had no idea what it was. He spoke of it several times during the day, and said the man seemed to get along all right, the bone had healed and knit, but he could not understand this complication. When we got there the man was lying in bed with his foot propped up—he had had a fracture just below the knee joint. As the doctor threw back the quilt from his leg I threw up my hands and exclaimed, "Phlebitis!" I had never seen a case of the acute type following a fracture, but every vein was inflamed and swollen, and every symptom was characteristic. That man had been laid up three or four weeks since the fracture had healed, and I wonder that gangrene had not set in. I had him raise the leg higher, and put on a mild stimulant as an application, and then I had him use what I had used for milk-leg, macrotys internally. I then had him use a liniment and keep the leg well covered, wetting the bandage with this liniment three or four times a day. That is all I can say about phlebitis.

Dr. Geo. C. Porter: I do not believe I have ever seen acute phlebitis, as mentioned here, but I have seen some chronic forms. A very common phase is that of varicose veins in women who have borne children. I have found that support is absolutely essential, and that elevation of the limb with a supporting bandage has been my very best help. Then, I always give belladonna and collinsonia, and keep the bowels open.

Dr. Carriker: Doctor Ellingwood said he used a local application of liniment, but he did not say whether this did the work, or the macrotys, or both together.

Dr. Ellingwood: I always have found they work together very nicely.

Dr. E. P. Zeumer: I have been treated myself for this disease. I had typhoid fever for eight weeks, and phlebitis set in afterwards, and I laid for three weeks with one of the worst forms. I found an elastic stocking gave me relief right away. I had to wear that support a year afterward, and to-day if I am on my feet a great deal I have to put it on. That was ten years ago.

Dr. Frank Daniels: I had been practicing about two weeks when I

had my first case of phlebitis, or milk-leg. I did not know what to do. I remember I was very much embarrassed, because there was a professor in the family and he insisted on my making a diagnosis, so I did—I told him a lot of stuff I did not know anything about and he did not either . A year after that, in Chicago, I heard Dr. Clark lecture on phlebitis, and he said there were two things that will help—ergot and macrotys. I had given those very remedies. I have had several cases since and I have used the same remedies, with bandages for support.

Dr. Choate: I have not had many cases of this trouble except in connection with syphilis, where the veins are destroyed and we have ulceration. For this condition I use mercury, and berberis. I do not want anything better than this. The other forms I have had no experience with.

Dr. W. N. Mundy: It seems to me there is a difference in the pathology between these and the case Dr. McCann speaks about. The symptomatology is not like phlegmasia dolens. In phlebitis after typhoid fever, the skin is glistening, that is true, but the type Dr. McCann described is entirely different. I think he referred to the ordinary phlebitis. I had a case of a man who had inflamed veins that you could follow clear up into his abdomen. There you can not wear the elastic stocking atonce, but the treatment must be absolute rest and quiet, and then when the acute symptoms have subsided he can wear a support.

Dr. Russell: When we have an injury of the vein with a septic condition, it produces this inflammation. That was what Dr. Ellingwood had with that fracture. You can not cure these cases by medication; the best way is to cut out the vein. Probably in Dr. McCann's case there was a clot that gave way, and the patient got well. You will find cases you can not operate right away. These cases I paint along the vein with iodine and put on moleskin, the same as a splint, then over this put your elastic stocking, then when the patient is ready for operation cut the vein out from the highest point clear down, and it will be entirely well in a few days. Dr. Ellingwood spoke about keeping the bowels open. That did more towards curing his case than his macrotys. Get the circulation good, get it established and you have done much good. Do not depend on macrotys. Tincture of iron is good, but treat them surgically and you will have no trouble.

Dr. McCann (closing): I have nothing to say, except that I am very grateful for the discussion. Of course, we would not expect anything else from Dr. Russell than the surgical side of it. I appreciate the discussion very much.

NONSURGICAL TREATMENT OF ENDOMETRITIS.

M. E. Eastman, M.D., Weaverville, Cal.

In considering this disease a short description of the uterine endometrium will be taken up in reference to its uses and structure.

The internal os is the natural line of demarcation between the cervical canal and the uterine cavity. Technically speaking, the membrane lining the cavity of the uterus is termed the "corporal" endometrium, but to avoid confusion of terms, whenever endometritis is used throughout this paper it will refer to the lining membrane of the uterus.

The endometrium lines the entire cavity of the uterus and extends,

modified, into the Fallopian tubes. It is firmly attached to the muscular structure of the uterus by stroma of connective tissue. Between and attached to these bands of connective tissue are innumerable lymphoid cells. At the menstrual period there is a great increase in the number of these lymphoid cells in the mucosa; an exfoliation of the epithelium covering the membrane and a rupture of the lymph follicles and blood capillaries. This exfoliation of epithelium is limited to the endometrium. When the menstrual epoch is passed the ruptured capillaries heal; the epithelium is replaced by new and the excess of lymphoid cells are absorbed. When there is any interference with this natural process of breaking down of tissue and its repair, there will result a pathological condition; and, as a usual occurrence, terminates in some form of——

Endometritis.—Which is an inflammation of the uterine endometrium; and the causes thereof are many and varied.

Etiology.—In the histories of cases of endometritus we find the frequent causes of the disease to be abortions, frequent child-bearing, gonorrhea, tuberculosis, retroversion, retroflexion, excessive sexual intercourse, constipation, introduction and retention of any foreign or irritating substance within the uterine cavity, and general constitutional debility.

The stages of the disease may be classified as acute, subacute and chronic. Under these headings you will be able to classify any form of endometritis that will come under your observation. Many authors give a name to the pathological condition that is found, but this is not a correct way of doing, as it does not convey the picture it should, when endeavoring to understand the stages of a disease.

The acute stage is rarely encountered owing to the short duration of its existence, and as it seldom causes the patient discomfort, the physician is not called upon to prescribe any line of treatment for it.

The chronic form is the one usually met with in the cases that present themselves to the physician for treatment. The length of chronicity may be from a few weeks to several years. The average patient seldom presents herself for treatment until her general health is undermined or else is disgusted with the odor from the discharge or its profuseness.

The endometritis due to frequent child-bearing, frequent sexual indulgence, abortion, retroflexion and retroversion and constipation present, on the average, a similarity of symptoms and the pathology about the same in each case.

There is first a hyperplastic condition of the tissues due to a defective uterine circulation of the venous blood, together with a dilatation of the intervening capillaries. The inner tissues are swollen and in time become hypertrophied; the lymph cells that have not been absorbed. The inner surface of the uterine walls are roughened and serrated, nodular, papulous and spongy. After the disease has progressed for some time there will be

found a considerable degree of thickness of the uterine walls, and a greater or lesser degree of weeping of the tissue of a serous or sanguinous character. In the more serious cases you will find the discharge streaming from the cervical canal, ropy and tenacious and of a gelatinous consistency.

Tubercular endometritis is always a chronic condition, except in the rare miliary form. These cases present a picture on the endometrium of yellow nodules under the surface of the mucosa. If the disease is advanced the mucosa will be found to be broken down and shallow ulcerated areas appear. When the general history and condition of the patient leads you to suspect a tubercular state do not hesitate to have a microscopical examination made of the scrapings of the uterine cavity.

The gonorrheal variety can most invariably be traced to a previous inoculation. Your patient will give a history of pain in one or both of the ovarian regions; a departure from the normal menstrual function; if there has never been any pain at these periods there will be now, the flow will probably be increased and the number of days of flowing be increased; between periods there will be considerable discharge varying in color from yellowish streaked with blood to a greenish, and generally of offensive odor. The cervix will be found with a large os, patulous, red and excoriated. The patients are tired, weary, worn out and generally debilitated.

The usual procedure in the way of treatment of all cases of endometritis adopted by the majority of the medical profession, if surgically inclined, has been and is to do a currettement. If not doing surgery or opposed to it in these cases, he will make an application to the cavity of the uterus of a solution of iodine, nitrate of silver, phenol, or pack the cavity with gauze saturated in iodoform, echinacea, or whatever comes to his mind. The physician desires to cure the trouble and thus satisfy the patient and himself, but he has experienced so many dismal failures along this line that he is willing to use any means or measures that promise any degree of success. He paints the cervix with iodine and phenol solution, fills the vagina with a cotton or wool tampon saturated in boro-glyceride, prescribes vaginal douches and has the patient return on the third day for another round.

Now, do not understand me to condemn each and every one of the means employed in the treatment of this class of cases that I have mentioned, for I know that oftentimes very good results will follow the use of some one of these medications, as also will be the case in performing a currettement, but what I do find fault with is the uncertainty of results of a permanent nature in the line of treatment outlined. You are not able to confidently assure the patient that within a given time she will be cured of her ailment, provided she will follow your instructions. As a consequence of this uncertainty of cure, many, many women resort to patent medicines. The literature that accompanies this class of medicines contain promises that are glowing and statements made in a convincing manner,

and testimonials from a good many like sufferers who have been cured. Now, don't blame the women nor the vendors of patent medicines. The women desire to get well, the manufacturer desires to make money out of his product. One has the money and the other the "only remedy for her trouble." The physician most invariably has the first show to get the money and cure the patient. Do well your work and the patent medicine man loses a patron. Should the results not be satisfactory, you will be the one to lose a patron.

In the following outlined reatment the uncertainty is done away with. You get good results. The patient knows she is getting better. You are able to talk to your people with confidence and assurance, and the more cases you have to treat the more confident you will become.

Treatment.—Should consist of internal medication and treatment directly to the affected organ. The internal medication should be such as to meet the requirements of each case, yet as a foundation or basis of treatment for all forms of endometritis do not fail to include Lloyd's magnifera indica and tiger lily in four-drop doses, three or four times daily.

The nervous phenomena and circulatory disturbances may be successfully met with the several remedies at our command, and the ones you will find most useful are pulsatilla, macrotys, helonias, viburnum prunifolium, viburnum opulus, hyoscyamus, cannabis indica, cactus grandiflora, senecio and scutellaria.

If you should suspect an anemic condition be sure and have your diagnosis verified with a microscopical examination of the blood and a differential corpuscle count. When an anemia does exist, meet it by giving Burroughs, Wellcome and Company's Blaud with arsenic and strychnia, one tabloid three times daily, one hour before meals with a glass of water. Continue this line for one month and then substitute a solution of specific phosphorus and cuprum for a month and then return to the Blaud compound. Continue this medication until the anemia is corrected. Make your blood count on an average of every two weeks, so as to know how much progress you are making in the quality of the blood stream.

It has been my experience in treating cases of endometritis that there will exist a complicating misplacement of the uterus either forward or backward, the latter most commonly. Unless conditions are such as to necessitate an immediate correction of the trouble, I pay no particular attention to the displacement until I find that the general line of treatment that is being employed does not overcome the abnormal position of the organ.

If the disease is one of long standing, there will also be found an involvement of either one or both ovaries and Fallopian tubes. These appendages should always be carefully examined before beginning or out-

lining the treatment of each case and keep their condition in mind throughout the treatment.

The mode of direct treatment to the uterine body for the correction of endometritis will be some form of the galvanic electric current. After having determined that you have a case of endometritis and the patient has decided to undertake your line of treatment to get well, place her upon your surgical chair or table in the dorsal position. See that all dress bands are loosened and the corset removed. Have your chair or table close enough to the battery case for the length of the conducting cords. See that the machine is in working order before making your connections with the patient. Have your instruments, such as proper-sized speculum, dressing forceps, electrodes, sounds and applicators sterilized and within easy reach of your hand. When everything is in readiness for beginning treatment, place the patient's feet in the stirrups and pull the buttocks well forward to the edge of the chair or table. Cover the knees and thighs with a sterile sheet or towel, and use a few safety pins to keep them in position. Place a large, wetted pad, connected with the negative pole of the machine, on the abdomen or sacrum, depending whether you have a retroversion or retroflexion to correct; if either, place the pad on the abdomen; if an anterior displacement, see that the pad is on the sacrum. Now introduce the vaginal speculum and open the blades sufficiently to get a presented cervix. Clean out the vault with cotton or gauze of all accumulations. Select a tipped copper electrode of the proper size and introduce into the uterine cavity. Then connect with the positive pole of the battery and turn on the current through the rheostat until at least fifty milliamperes are registered, unless this amount is beyond the tolerance of the patient, when in such cases use only to tolerance each treatment until a stronger current strength can be used. The first seance should not be longer than seven minutes, and if there is much soreness and the patient somewhat nervous, five minutes will be long enough. Gradually extend the length of each treatment until you are using ten-minute seances. Give the treatments three times weekly until there is a decided improvement in the health of the individual, when they can be given only twice a week, and later on only once a week. By this time the lady should be practically well. By making a note of the depth of the uterus at the first treatment you can see from time to time how much progress is being made. Remember to turn on your current gradually and do the same when turning the current off.

Where you have a complication of a displacement, and before disconnecting your electrodes and removing them, change your current to the slowly interrupted secondary and use to tolerance for from five to ten minutes. This will gradually tone up the muscular structure of the uterus and assist greatly in getting it back to a normal position. After two weeks of treatment, if you find the organ still in an abnormal position, replace

it before the beginning of a treatment, unless, of course, you should find adhesions that are holding the uterus. In such instances only surgical interference will enable you to correct the displacement.

When the electrodes are removed again wipe out the vaginal vault and insert a strip of sterile gauze through the cervical canal into the uterine cavity; saturate a tampon of cotton or lamb's wool in a solution of ichthyol, calendula and hydrastis in the following proportions: ℞ Colorless hydrastis, non-alcoholic calendula, glycerine, aa one ounce; ichthyol, one-half ounce. Leave this tampon in for from twelve to twenty-four hours, and at the time of its removal have the patient take a vaginal douche of two quarts of hot water, of 105 to 110 degrees of heat, and repeat again in twelve hours. This tampon will help wonderfully in preventing sexual intercourse.

Between times of treatment instruct the patient to avoid all sexual intercourse. See that she is familiar with the laws of hygiene and diet. In case of a retro-displacement have her assume the knee-chest position for five or ten minutes, night and morning. Again, at the time of your first examination do not fail to find out if there exists a tight rectal muscle. If there is one do not fail to dilate it at the first opportunity, as by so doing you will wake up the sympathetic nerve supply in this region and produce a beneficial effect toward a cure. Many of the nervous phenomenon that have been annoying to the patient will vanish like magic. Cease giving the treatments during the menstrual epoch. Relieve any constipation that may exist with graduated doses of the following: ℞ Aromatic cascara sagrada, two ounces; fluid extract hydrastis, two drachms; fluid extract berberis, aqua, four drachms; glycerine, q.s. ad, four ounces. Mix. sig.: Begin with one teaspoonful at night; increase or decrease the dose as may be needed to procure one or two free bowel movements a day.

Philosophy of the Treatment.—In conclusion, I will briefly discuss the whys and wherefores of the treatment outlined in this paper. In short, we have a hyperplasia of tissue, deficient lymphatic action, poor circulation, relaxation of muscular tissue, a serous or sanguinous discharge from the uterine walls, and oftentimes an abnormal position of the uterus that needs to be corrected.

The weakened muscular structures will be righted by employing specific magnifera and tiger lily, which tone and contract the uterine tissues. This action is carried further along with the use of the positive pole of the galvanic current. In addition to this action it increases the absorbing power of the tissues; through the phorectic action any bacteria in the field are also destroyed; the nervous structures of the pelvis are toned and energized. The interrupted secondary current wakes up the debilitated muscles, gives them increased tone and action, puts new life into them, as it were. The destruction of bacteria is due to the copper salts that are thrown into the tissues from the positive pole.

The douches advised are mostly to be considered as a matter of hygiene, though by having the water at 105 or 110 degrees of heat there will be some hydropathic benefit derived. The medicated tampons act in two ways. While in place, there will be less likelihood of indulgence in sexual matters. The medicant has some tonic and healing action, and also assists in reducing the size of the uterus by extracting water and lymph from the tissues with which it comes in contact.

From six weeks to four months will be required to complete a cure. The results will be satisfactory to you and the patient. The character of the work will be the means of bringing other patients suffering from similar troubles to your office, and, as a consequence, put more money in your pockets.

Medical philanthropy is, no doubt, a very honorable and glorious calling, but in this day and age, when every city and county provides for the care and treatment of the persons who are unable to pay their way, I see no reason for one doctor competing with another in the securing of deadbeat patients. If you want to work for nothing, just make it known to that extent instead of giving these patients the idea that you are working for money.

GOITER WITH EPILEPTIC COMPLICATIONS.

J. R. Borland, M.D., Franklin, Pa.

About three years ago, I was called to see a young man of this city, seventeen years of age, who had a goiter on the front of the neck, the size of a hen's egg, and, during the three weeks previous had had four or five epileptic fits, fell down, frothed at the mouth, remaining in an unconscious state for several minutes.

I could not decide which condition was the basic cause, which was *propter hoc* or which was *post hoc*. However, I was satisfied that there was a hyperemic condition of the base of the brain (irritation), and that the goiter treatment, *per se*, would not reach the condition—that the hyperemic condition must *first* be removed. Therefore, I told his father to shave the hair off the back of the boy's head, from the occipital protuberance level with the ears, down to the nape of the neck. Gave him a cantharis (blister) plaster with special directions as to the treatment. But he let the plaster remain on too long, the disorganized cuticle came off and the result was a very sore head. But the boy had no more epileptic attacks, and by the use of specific remedies the goiter was cured in six months. He remains well.

Authors state that goiter and epilepsy may be coincident, but is rather unusual. I do not believe that a cure in this case could have been effected without the blister.

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
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WILL YOU COME?

Some years ago the great poet Goethe wrote the following lines: "It is absolutely indispensable for the United States to effect a passage from the Mexican Gulf to the Pacific Ocean, and I am sure they will do it. Would that I might live to see it, but I shall not." These prophetic words were written more than one hundred years ago, and to-day they are realized. The Panama Canal is a fact.

To commemorate the completion of this great undertaking the Great Panama Pacific Exposition was created. A wonderful work, this, a creation admired by the whole world. Can you, living in America, afford to miss it? Can you afford not to see this acme of power, beauty and human endeavor?

You can see the exposition and attend at the same time the annual meeting of the National Eclectic Medical Association. The meeting of the national will be held in the auditorium in the exposition grounds. Just as this exposition is different from all others ever held before, so this next meeting of the national will be different from all other past meetings of our association.

Remember, before you come to the exposition and to the national you will see the most interesting part of our great country. You can come by one road, and go home by another. You will pass and see great cities, mills, factories; you will see the Great Lakes, the great Salt Lake, the Rocky Mountains, the Sierra Nevada, Yellowstone Park, the Yosemite, the Grand Canyon, all the great wonders of the world. Can you afford to miss this opportunity? Can you afford not to see these God-given wonders? Come to the national meeting and you will realize, as never before, what a great country this is.

Now, to the practical side; do not for a minute make the mistake of thinking that this will prove to be an expensive trip. It is not. You can well afford to come; you can not afford to stay away from the national

meeting. Every dollar you will spend, will be worthy your while, and will be returned to you ten-fold in health, in new vigor, new energy. The rates are reasonable, arrangements have been made for you. You will find room and comfort at very reasonable prices. When you return home from the trip, you will say: "I went, I saw, I am glad I did."

As the years roll on, you and I will grow old; perhaps so old that we will not be able to attend the national meetings, but one trip, one meeting will always remain in our memory, the great Panama Pacific Exposition, and the great National Eclectic meeting held there that year. Doctor, you can not afford to miss this meeting; come, bring your family and your friends.

Theodore Davis Adlerman, M.D.,
President, N. E. M. A.

MEDICAL LEGISLATION.

This ever present agitation has again had its innings. Nearly every State legislature in the Union has been besieged by some cult or other for special legislation in its behalf, and in some instances have succeeded. Whilst they have received by legislative enactment special favor and concessions, the legitimate profession have received theirs by having the standards raised and the time requirements lengthened. It seems to the writer a farce to compel the profession to fulfill the demands made upon it by legislative enactment, and, at the same time, by legislative enactment, permit the licensing of every fad and cult without any pre-medical training and a correspondence course of six weeks.

Our attention was called to the subject again by the unanimous passage by the House of Representatives of the Ohio legislature of a bill "providing that chiropractics, optometrists and all other non-medical healing sciences must pass examination in the fundamental principles of medicine given them by the State Medical Board. This board is also empowered to determine the standing of schools and colleges giving instruction in such branches." This bill has, since writing the above, become a law.

The same legislature passed a fee splitting bill and provided for the punishment of the offender. It is time the profession ceased their constant and incessant legislative activity. The standards for a medical education are sufficiently high now, higher than any of the professions; and if we enforce them or, rather, preserve them, we have accomplished much. The danger is they are being rendered inert and farcical by reason of the exemptions made in favor of this or the other cult. All 'cults or 'isms should be made to conform to the requirements demanded of the legitimate or regular profession, both in medical and pre-medical preparation. There is danger that all the work accomplished in the past twenty or twenty-five years will be undone by these continual exceptions to the medical laws.

As an instance of freak legislation, an overzealous legislator introduced a bill in Massachusetts, making it a misdemeanor for a surgeon to have a beard or mustache, whether he be the principal or assistant.

In Kansas, which frequently enacts freak legislation, one enthusiastic reformer would compel all women to cease wearing earrings or using cosmetics, whilst Indiana would compel the man only to pass an examination before marriage. He evidently forgets that our mother Eve is blamed for the fall of man. To me, one of the most inconsistent requirements in a pre-medical education is the one year of a modern language. I have never been able to discover its value, either practically or mentally. We wish there was some way to stop this endless legislation, much of it needless and freakish. M.

HOME VERSUS HOSPITALS.

The Rockefeller Foundation and Medical Council of the A. M. A. are now inspecting and standardizing hospitals, and they will, I presume, be rated, as are our medical schools, as A plus, A and B, in accordance with the piles of brick and stone and dollars.

There is at present a strong tendency for the profession to hurry their cases into hospitals. In fact, I heard one of Philadelphia's leading surgeons say that "All major surgical operations should be performed in a general hospital under the care of a competent or skilled surgeon." With the latter part of this remark we take no exceptions. With the former, we do.

Earlier in my professional career we urged all surgical cases to go to the hospital for operation. Experience and time have modified my views considerably as to the advantages of a hospital, either to the patient or to the physician. Many of my patients, when not under the care of a *special* nurse, have complained bitterly of the attention given them. Unfortunate complications due to neglect have resulted disastrously for the patient. These things have so materially modified my views as to the value of a hospital, that for the past few years I have been having major operations performed in the homes, where such were of a good character. My success has been just as good as when advantage was taken of hospital facilities. It is a well-known fact, that on the staff of nearly every hospital, some one character predominates, and oftentimes his influence does not inure to the welfare of other physicians. Recent experiences have demonstrated to me that there are other unethical procedures beside fee splitting. How easy it is for internes and nurses to insinuate to the patient, that Dr. So-and-So is a much better surgeon. That he has done so many similar operations with wonderful success. That your patient would do much better under Dr. So-and-So's care, his experience has been so much wider. That it would be much cheaper to have Dr. B., he comes to the hospital daily and could see you as well. All these things I have witnessed and some have happened to me. Can the surgeon blame the

physician if he prefers to keep his patients under his own personal care and observation? Does the specialist or surgeon refer the case back to the physician? No, often he keeps it himself. No wonder the physician demands a bonus.

Recent experiences, such as outlined above, have caused me to keep my cases in their own homes, where the operation was performed, and the results have been as good as any I have ever witnessed when performed in the hospital. We have had hysterectomies, appendectomies, operations for the cure of hernia and the removal of the thyroid, all performed in the home. All that is necessary for success is a good surgeon, good home, a good nurse and cleanliness. M.

FEE SPLITTING.

We do not like to be thought a cynic or scold, yet we have failed to see the force of the arguments made against fee splitting. Whilst we have not been guilty of the offense, we know some mighty good men who have and we have heard it charged to the account of some of our loudest and most vociferous advocates for the enactment of such laws. To me, the offense looks the same, whether the fee is split, whether the physician retains each fourth or fifth fee or whether he be paid a bonus. There is much to be said on both sides of the question; and, I must confess, I can not see any more harm in the physician receiving some consideration for his service by the surgeon, than in a man receiving a commission for his services in other channels or, if you like, trades. Certainly the physician is entitled to some emolument for his services as well as is the surgeon or specialist in any line. Were it not for the physician, the surgeon or specialist would have poor sledding. It is certainly no more a crime than it is for the surgeon or specialist to steal or, to put it more mildly, ingratiate himself into the physician's family and deprive him of his just dues. There are many ways in which this is accomplished, and it does not redound to their ethical standing or credit. I am fully aware that many will not agree with me in this stand, yet I must confess that this constant agitation by men in high standing sounds to me strangely Pharasaical; to be plain, I have no confidence in their protestations of innocence. The effect is the same, no matter how they accomplish it. Moreover, an inherently dishonest or crooked man can not be made either honest or straight by any amount of legislation. Honesty is all that is needed, not legislation.

M.

NEW APPLICATIONS FOR MEMBERSHIP IN THE NATIONAL, FEBRUARY 20, 1915, TO MAY 20, 1915.

COLORADO—

Pratt, Perry K., 711 Seventeenth St., Denver.

OHIO—

Eastman, Louise, Northside, Cincinnati.

Carey, Wm. H., Van Buren.

OHIO (Continued)—
Adams, F. X., Akron.
Harrington, Kent H., Akron.
Hutchens, V. E., New Antioch.
Schwarz, Otto W., Cincinnati.

NEW YORK—
Ash, R. H., Canastota.
Best, C. S., Middleburg.
Boother, J. P., Olean.
Carey, D. E., Rochester.
Cohen, Francis E., New York City.
Fifield, Leland H., Syracuse.
Gamble, Ellsworth, Waverly.
Gardner, L. B., Geneva.
Haggerty, J., New York City.
Hawley, Ira H., Canandaigua.
Potts, M. H., Elmira.
Price, Geo. C., Fairport.
Spencer, Ira D., Croghan.
Smith, E. Clayton, Rochester.

NEWS AND NOTES.

Arkansas.

J. R. Venning has moved from Rudy to Angus, Neb.

California.

Herbert B. Tanner has purchased the office outfit of the late Dr. G. W. Burleigh, Los Angeles, and will continue the office in the same location.

Prof. J. U. Lloyd was the guest of honor at the March meeting of the Los Angeles County Eclectic Medical Association.

Dr. H. W. Crook has opened an office at 820 Redondo Ave., Long Beach.

Dr. Almo DeMonco has removed his office to 1101 Black Building, Los Angeles.

Dr. and Mrs. W. H. True, of Lacomia, N. H., have been visiting the Pacific Coast.

Dr. E. R. Petsky has removed to San Dimas, Durango, Mexico.

On January 22, 1915, the governor appointed Drs. Arthur M. Smith, Oakland; H. Clifford Loos, San Diego, and Harry V. Brown, Los Angeles, members of the State Board of Medical Examiners for a term of four years. Dr. Smith succeeds Dr. Samuel H. Buteau, Oakland, while the other members were reappointed. Dr. Adelaide Brown, San Francisco, has been appointed a member of the State Board of Health to succeed Dr. Oscar Stansbury, Chico; Dr. Frederick F. Gundrum, Sacramento, to succeed Dr. Wallace A. Briggs, Sacramento, and Dr. George F. Bright, San Francisco, to succeed Dr. Martin Regensburger, of the same city.

Connecticut.

Dr. J. F. Canavan has moved to 925 Stratford Ave., Bridgeport.

Dr. James L. Gilday has moved to 925 State Street, Bridgeport.

Georgia.

A new organization has been perfected by the Eclectic physicians in and around Atlanta for intellectual and social progress. The officers are: J. L. Brantley, M.D., president; J. Howell, M.D., vice-president; S. L. Katzoff, M.D., secretary; Dan H. Griffith, M.D., treasurer.

The forty-second annual meeting of the Georgia Eclectic Medical Association was held at the Kimball House, Atlanta, April 7.

Illinois.

Dr. C. B. Cline is located at 114 E. Main Street, Danville.

Nitrate of silver in individual tubes will be provided in future to all practitioners of medicine in Illinois by the State Board of Health. It is believed in this way no excuse is available by obstetricians to neglect the eyes of the new-born.

Indiana.

The house of representatives has finally defeated the bill to establish a state board of chiropractic examiners. During the hard fight on this bill it was shown that during the last ten years only ten osteopathic physicians have been licensed in Indiana.

Iowa.

Dr. Eva Miller has removed from Paton to Danville.

Kansas.

Among the appointments made by Governor Capper, of Kansas, March 19, 1915, are: State Board of Health, Drs. Oliver D. Walker, Salina; William M. Earnest, Washington; Charles H. Lerrigo, Topeka; Charles H. Ewing, Larned; Harry L. Aldrich, Caney, and Clay E. Coburn, Kansas City; State Board of Medical Examination and Registration, Drs. George M. Gray, Kansas City; Lewis A. Ryder, Topeka; Charles W. Jones, Olathe, and Albert S. Ross, Sabetha, and Advisory Commission Sanatorium for tuberculosis patients, Drs. William H. Bauer, Sylvia, and David R. Stoner, Quinter.

Michigan.

The following five members of the State Board of Registration in Medicine were appointed by the governor, March 17, 1915: Drs. Arthur M. Hume, Owosso; Enos C. Kinsman, Saginaw; Duncan A. Cameron, Alpena; Frederick C. Warnshuis, Grand Rapids, and Arthur L. Robinson, Allegan.

Minnesota.

The State Board of Health reports that vaccination at public expense costs about 25 cents a person, while smallpox costs the public on an average about $50 per case. On this basis it is estimated that Minnesota's loss in 1913 and 1914 on account of smallpox was $233,000, or $100,000 more than the total health appropriation for the two years. Only about 1 per cent. of persons having smallpox in 1913 and 1914 have been successfully vaccinated within seven years; 6 per cent. had been vaccinated more than seven years previously. The disease in these persons was mild. All deaths and all severe cases occurred among the 9 per cent. of persons afflicted who had never been vaccinated.

New Hampshire.

It is reported that a new medical practice act, just secured in New Hampshire, raises the standard of preliminary education to two years in a registered college of liberal arts, and that this act takes effect for medical graduates of 1919 and thereafter. It also provides for a single board of medical examiners.

New Jersey.

New Jersey has a new medical practice act which provides that all applicants for license to practice medicine after July 1, 1919, must have had in addition to a four-year high school education, at least one year of collegiate work, including courses in physics, chemistry, biology and French or German. After July 1, 1920, all candidates must have completed two years of collegiate work, including the courses mentioned. The law also requires that after July 1, 1916, each candidate after graduating from a medical school must have served at least one year as an interne in a hospital approved by the licensing board.

New York.

The twenty-third annual meeting of the Kings County Eclectic Medical Society was held in Brooklyn, February 20. Interesting papers were read by Drs. Massinger, of New Jersey, and Elliott, of Brooklyn.

Dr. Carol Goldenthau has opened office at 456 East 138th Street, and Dr. Victor von Unruh is now located at 364 West 58th Street.

The New York Society met in Albany and report a very successful and instructive meeting. This State Society is one of the most prosperous in affiliation with the National. All the officers were re-elected save the treasurer, who declined. H. H. Stoesser, Union Course, L. I., was elected to succeed him.

On the afternoon of April 21, 1915, fifty policemen, acting simultaneously, raided twenty-four "Medical Museums" in New York City, and arrested forty-three alleged medical quacks. The Bureau of Industries and Immigration of the State Labor Department and the New York County

Medical Society had been working for months perfecting a case against each defendant before this action was taken. It is reported that when the evidence is given out it will show a nation-wide system of extorting money through quacks who persuade their victims that they are affected with tuberculosis or cancer and offer to effect cures for sums ranging as high as $500 or $1,000, according to the circumstances of the patient. It is estimated that within eight months since these medical institutes and museums have been under the observation of the police they have taken from victims, mostly foreigners, more than $500,000. The prisoners were held in bail ranging from $500 to $1,000.

In tuberculosis treatment New York, last year, led the States in the expenditures, with more than $5,000,000. Pennsylvania, second for four years, gave way to Illinois, which spent about $235,000, Pennsylvania's outlay being about $214,000 less. Massachusetts was fourth and Colorado fifth, expending approximately $1,533,000 and $838,000, respectively.

The Thorn Bill, permitting Christian Scientists to practice healing in this State, was practically killed March 3, when it was recommitted in the assembly for a hearing by a vote of 69 to 31.

Ohio.

The fifty-first annual session of the Ohio State Eclectic Medical Association was held at the Hotel Columbus, in Columbus, May 11-13, 1915. While the attendance was not as large as usual, and somewhat irregular, the meeting in all other respects was up to the average, and a large number of interesting and instructive papers were read and discussed. The active membership now exceeds 215. The following new members were admitted: Otto W. Schwarz, 2208 Linn Street, Cincinnati, Ohio; Wm. H. Carey, Van Buren; V. E. Hutchens, New Antioch; John W. Kannell, Bucyrus; Kent H. Harrington, Akron; F. X. Adams, Akron; A. Earl King, Mt. Cory; S. R. Bame, Alvada; V. P. Urbain, Hamilton; Jennie T. Tarrant, Cincinnati; G. W. Witten, Lucasville; Byron H. Nellans, Cincinnati; E. P. Zeumer, Cincinnati; William Seitz, Portsmouth; Louise E. Eastman, Cincinnati.

The following officers were elected for the ensuing year: President, H. M. Powers, Amherst; first vice-president, A. W. Hobby, Sidney; second vice-president, E. M. Wright, Warsaw; recording secretary, W. N. Mundy, Forest; corresponding secretary, J. F. Wuist, Dayton; treasurer, Jas. G. Sherman, Columbus.

The association instructed the secretary to extend to the National a cordial invitation to bring the annual meeting for 1916 to Cedar Point, Lake Erie (near Sandusky), Ohio. This resort has a large hotel, "The Breakers," which is especially fitted for convention purposes and is easy of access. If the association accepts the Ohio invitation, a one day business meeting for the Ohio Society will be arranged a day previous to the opening of the

National. If the National goes elsewhere, the Ohio Society will meet at Dayton, May 17-19, 1916.

Members, to the number of thirty-five, of the Southwestern Ohio Eclectic Medical Association, heard a satisfying explanation and analysis of the Harrison Anti-Narcotic Law, and elected members for the ensuing year at a social and business session at the Buiness Men's Club, Cincinnati. The analysis of the law, as it applies to the fraternity of physicians, was furnished by Frank H. Freericks, attorney for the Ohio Society of Pharmacists. It is a Federal statute and has been of considerable interest to the medical fraternity ever since its passage. R. C. Heflebower was elected president of the association; J. D. Estell, vice-president; Cloyce Wilson, secretary, and John K. Scudder, treasurer.

Dr. H. I. Blood has located at 538 East Third Street, Middletown.

Dr. H. C. von Dahm has opened a city office at 5 Garfield Place, Cincinnati, limiting his practice to rectal, genito-urinary and skin diseases.

Dr. Anna W. Hagerman has moved her office to 830 Union Trust Building, Cincinnati.

Dr. Francis J. Abt has moved to 19 Green Street, Cincinnati.

Dr. Herman E. Vogel has located at 328 West Main Street, Springfield.

Dr. Lee McHenry has been appointed assistant superintendent of the Branch Tuberculosis Hospital in Cincinnati.

The Southwestern Eclectic Medical Association met in the Administration Building of the new City Hospital, Cincinnati, April 7. Dr. Thomas read a paper on "Typhoid Fever," and Dr. Dash one on "Focal Infection." Dr. Scudder, the newly appointed member of the Ohio State Medical Board, upon request, gave some humorous experiences while he was a former member. After the session the members went on a tour of inspection of the new hospital.

The governor has reappointed Dr. Sylvester M. Sherman, Columbus, a member of the State Medical Board, and has appointed Dr. John K. Scudder, Cincinnati, to succeed Dr. Silas Schiller, Youngstown.

At a recent meeting the Ohio State Medical Board took action to permit students to serve as internes in the hospitals of Ohio without first securing a license, which has heretofore been required. Such students must have completed satisfactorily a four-year course in a recognized medical college. They are not permitted to sign death certificates nor to receive compensation for professional service rendered.

Oklahoma.

Governor Williams, on April 17, reappointed the following members of the State Board of Medical Examiners: Drs. LeRoy Long, McAlester; Melvin Gray, Mountain View, and W. LeRoy Bonnell, Chickasha, and appointed Drs. B. L. Senison, Garvin; Ernest B. Dunlap, Lawton; Ralph V. Smith, Tulsa; William T. Ray, Gould; H. C. Montague, Muskogee, and Orion R. Gregg, Alva, members of the board.

Oregon.

At the recent session of the Oregon legislature, the medical practice act was amended to provide that hereafter all applicants for the license to practice in that State must present satisfactory evidence of graduation from a medical college approved by the licensing board. This leaves only three States—Colorado, Massachusetts and Tennessee—which continue to admit non-graduates to the examinations for the license to practice medicine.

Pennsylvania.

Dr. J. F. Canavan has removed from Bethlehem to Stamford, Conn.

The attorney general has received petitions to revoke the licenses of 161 osteopathic physicians practicing in various parts of the State and including that of O. J. Snyder, president of the State Board of Osteopathic Examiners. The reason given in the petition is "that the physicians are graduates of and hold diplomas from and degrees conferred by the Philadelphia College or Infirmary of Osteopathy, which institution, the petitioners aver, has never had the right to conduct such a college or to grant diplomas and confer degrees and that therefore these physicians were never legally licensed, as applicants for license are required by the law to have a diploma from a legally incorporated college before they can be licensed to practice in this State." The petition relating to Snyder is based on the ground that the Northern Institute of Osteopathy of Minneapolis, from which he is alleged to have graduated in 1909, and "which it is also alleged has long since ceased to exist," was not a legally incorporated college within the meaning of the law.

Tennessee.

A new medical practice act has been secured in Tennessee which provides that not only must candidates hereafter be graduates from medical colleges, but also that those graduating in 1919 and thereafter, must have had a preliminary education of at least one year of collegiate work in addition to a four-year high school course.

Texas.

Dr. Carl I. Shultz has removed from Corpus Christi to 605¼ Eight Street, Wichita Falls.

At a special meeting, the Texas Medical Board reorganized by electing F. J. Crow, of Dallas, president; M. F. Bettencourt, Mart, vice-president; M. P. McElhannon, Bellton, secretary. The Eclectic members are M. A. Cooper, of Childress, and M. F. Bettencourt, of Mart.

Dr. J. S. Rhinehart has removed from Poolville, to Kaysee, Wyoming.

Utah.

The following are appointments on the State Board of Medical Examiners: Drs. David C. Budge, Logan; Frederick E. Straup, Bingham Canyon; and A. P. Hibbs, Ogden, each to serve six years, and Drs. Charles L. Olsen,

Murray; Frederick W. Taylor, Provo, and Walter M. Stookey, Salt Lake City, each to serve four years.

Wyoming.

At the annual meeting of the State Board of Health, held in Cheyenne, March 23, Dr. Anna G. Hurd, Sheridan, was elected president and Dr. William A. Wyman, Cheyenne, was reelected secretary and executive officer.

The governor has reappointed for a term of four years Dr. Herbert T. Harris, Basin, president of the State Board of Health; Dr. William A. Wyman, Cheyenne, secretary and executive officer; and Dr. Anna G. Hurd, Sheridan, as member.

MISCELLANEOUS.

The officials of the Pennsylvania Railway have instituted a system for the protection of the health of passengers of the lines. The employees in station restaurants and dining cars of the system, numbering 1,100, are examined by the company's physicians each month. Traveling medical inspectors also examine kitchens, cooking vessels and store rooms, and especial attention is paid to the ventilation of cars.

The authorities of Michael Reese Hospital announce, as the result of their experience after a series of about forty obstetric cases treated by the scopolamin-morphin anesthesia, the so-called "Twilight Sleep," that they will not use this method in labor except with the express guarantee of the patient that the hospital shall be free from all liability as regards ill results to the mother or the child.

A medical diploma is essential except in Massachusetts, Oregon and Tenessee which grant licenses on examination. Otherwise, all States require both diploma and examination (including reciprocity), except New Mexico which recognizes approved medical schools and will license their graduates without examination. All States require at least a four-year high school course except: Canal Zone, Hawaii, Idaho, Massachusetts, Montana, Oregon, South Carolina, Tennessee and Wyoming. The following require, in addition, one year of college work: Arkansas, California, Connecticut, Illinois, Kansas, Kentucky, Michigan, New Hampshire, Oklahoma, Pennsylvania, Utah, Vermont, Virginia, Washington. The following require two years of college work: Alabama, Colorado, Indiana, Iowa, Minnesota, North Dakota, South Dakota. In nearly all States, it is required that the medical course shall consist of four years, although we understand that this is not retro-active. The exceptions in which the length of the college course is not stated are: Canal Zone, Idaho, Massachusetts, Oregon, Philippines, Porto Rico, Tennessee, West Virginia, Wyoming. Many States specify the number of hours per week, total study, length of terms of medical schools, etc. Most States reciprocate with certain other States but as the reciprocity is usually determined by mutual treaty,

and as reciprocation has no connection with severity of requirements in general, this matter should be made one of special inquiry by those interested. Except in the Canal Zone, where there is no reciprocity and where a fee of $5.00 is charged for examination, all States charge at least $10.00, some as high as $25.00, for examination. A few make no charge for license by reciprocity, some charge whatever fee the original State has (Idaho, Illinois and Kansas), most charge the same fee for license by examination or by reciprocity, several charge considerable more—$25.00, $50.00, and even, in Utah, $75.00 for reciprocal license.—*Buffalo Med. Journal, March,* 1915.

ENTER PRAYER, EXIT PILL.—The day that the average physician displays a name plate on his door announcing that he is ready for practice, it is safe to assume that an investment has been made in his education approximately as follows:

From four to seven years at a university, representing a *minimum* of	3,000.00
Living expenses during university course, *minimum*	3,000.00
Books, instruments, laboratory charges, etc	1,000.00
Expenses during hospital interneship	1,000.00
Total cost of medical education	$8,000.00

In the course of this training, extending over from five to ten years of his life, the physician has received instruction at the hands of men whose entire careers have been devoted to mastering the practice of medicine. Until he is past thirty-five, his career is one constant, painstaking *preparation* for the protection of humanity against disease. A law pending in New York proposes to set all this preparedness at naught. The legislature of that State has been asked by the Christian Scientists to legalize the "practicing" of their healers.

The Christian Scientist "healer" enters upon his activities with the following stock in trade:

One copy of "Science and Health," by Mary Baker Eddy	$ 3.00
One satin-faced Prince Albert	35.00
	$38.00

Thus equipped, he can pray over a virulent case of smallpox until the infection sweeps the neighborhood. He should worry! There is no such thing as smallpox; the patient is merely in "error." Epidemics under the healer's benignant influence might ravage communities; it would be quite unnecessary to take steps to check them; for there is no such thing as illness. As soon as the unfortunate victims receive faith through Mrs. Eddy's tract at $3.00 a copy, the scourge will subside.

It is all very simple—*buy the book!*

Weird incantations over the grievously ill passed out of American history when the last Kickapoo turned his toes to the setting sun. Before the

steady stride of enlightenment, the old lady who wore red yarn around her ankle to ward off chilblains has linked arms with her consort who carried a shriveled horsechestnut in his vest pocket as a cure for rheumatism, and together they have passed into the Great Beyond, a little earlier, perhaps, than had their ailments been attended to by a skilled physician.

Superstition, whether set forth in "Science and Health" or Hostetter's Almanac, is banished from most intelligent minds. Diseases that a generation ago spelled certain fatality are now under the doctor's control. They are not cured by prayer, nor by sorcery. Mary Baker Eddy was an extremely commonplace New England woman. It has been our privilege to read some of her early correspondence in the original; much of it was illiterate and none of it convincing.

Licensing the Christian Science healer is a dangerous retrogression. If it meant the substitution of prayer or Peruna, we would advocate it; but we can not imagine a condition which might place control over a deadly epidemic in the hands of a zealot who enters upon his medical career with an investment of thirty-eight dollars.—*Puck,* April 1915.

Eugenic Bills Scorned.—Most of the so-called eugenic bills which have been introduced in the legislatures of thirteen States during the last winter have nothing to do with eugenics, according to Dr. W. C. Rucker, Assistant Surgeon General, United States Public Health Service, who, in an analysis of the various laws, finds that their passage would be undesirable.

DEATHS OF PHYSICIANS IN 1914.

During 1914 the deaths of 2,205 physicians in the United States and Canada were noted in the Journal of the A. M. A. Reckoning on a conservative estimate of 153,000 physicians, this is equivalent to an annual death rate of 14.41 per thousand. The average annual mortality for the period from 1902 to 1914, inclusive, was 15.71 per thousand. The chief death causes in the order named were, senility, heart disease, cerebral hemorrhage, pneumonia, accident and nephritis. The general average of age at death since 1904 is 59 years, 9 months and 19 days. The average number of years of practice for the past eleven years is 31 years, 11 months and 22 days.

OBITUARIES.

Alexander, M. P., Eclectic Medical Institute, Cincinnati, 1859, at his home in Maysville, Ga., March 17, aged eighty-five.

Beals, F. M., Eclectic Medical Institute, Cincinnati, chairman of Board of Health of Mattoon and member of staff of Mattoon Hospital, at his home in Mattoon, Ill., March 30, 1915, aged sixty-three.

Bowen, Robert, American Medical College, St. Louis,Mo., 1853, at Berlin, N. J., December 12, aged eighty-seven.

Brower, Josiah, Eclectic Medical Institute, Cincinnati, 1878, at his home in Gilead, Ind., April 6.

Brown, George W., Eclectic Medical College of Pennsylvania, Philadelphia, 1868, at his home in Rockford, Ill., February 5, aged ninety-four.

Buffington, B. W., Eclectic Medical Institute, Cincinnati, 1873, at his home in Marysville, Ohio, March 11, aged seventy-five.

Burleigh, George W., Indiana Eclectic Medical College, Indianapolis, 1887, a member of the California State and National Eclectic Medical Associations, at his home in Los Angeles, Cal., January 21, aged seventy-nine.

Cole, Thomas J., Eclectic Medical Institute, Cincinnati, 1875, at his home in Van Wert, Ohio, November 30, 1914, aged sixty.

Cottingham, Ira A., Eclectic Medical Institute, Cincinnati, 1885, of Carthage, Mo., died at his home, January 19, aged fifty-five.

Dixon, Robert K., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1908, at his home in Fayettesville, Ga., January 27, aged thirty.

Doane, William B., Eclectic Medical Institute, Cincinnati, 1882, at his home in Amelia, Ohio, December 13, 1914, aged seventy-seven.

Doss, Charles H., Eclectic Medical Institute, Cincinnati, 1873, at his home in Pittsfield, Ill., aged eighty-one.

Duncan, John H., Eclectic Medical Institute, Cincinnati, 1878, at his home in Harrison, Ohio, April 4, aged seventy.

Farrar, Joseph T., California Eclectic Medical College, Los Angeles, 1891, member of the California and National Eclectic Medical Association, at Berkeley, March 8, aged sixty-four.

Foreman, Josephus, Eclectic Medical Institute, Cincinnati, 1868, at his home in Patterson, Ill., December 24, 1914, aged seventy.

Gamble, Thomas, American University of Pennsylvania, Philadelphia, member of the Pennsylvania and National Eclectic Medical Associations, at his home in East Troy, Pa., January 19, aged sixty-nine.

Harrison, Matthew W., Bennett Medical College, Chicago, 1898, of Palouse, Wash., at Los Angeles, Cal., January 24, aged fifty-two.

Howard, Erwin P., Bennett Medical College, Chicago, 1881, at Portland, Oregon, March 18, aged sixty-two.

Jensen, Thomas, Eclectic Medical Institute, Cincinnati, 1874, at his home in Spring Grove, Minn., April 8, aged seventy-four.

Lawrence, Frank H., Eclectic Medical Institute, Cincinnati, 1880, at his home in Kanona, N. Y., March 23, aged fifty-six.

Lehman, Noah H., Eclectic Medical Institute, Cincinnati, 1877, of Sterling, Ill., at Stanford, N. C., December 29, 1914, aged sixty-four.

Love, Hugh W., Eclectic Medical College of Pennsylvania, Philadelphia, 1880, at his home in Harrison City, Pa., March 6, aged sixty-one.

Munn, Stephen B., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1882, member of the Connecticut State and last of the charter mem-

bers of the National Eclectic Medical Association, at his home in Waterbury, Conn., March 21, aged eighty-seven.

Nichols, William Ellis, Eclectic Medical Institute, Cincinnati, 1906, at his home in Fullerton, Ky., April 1, aged thirty-eight.

Nillson Peter, Eclectic Medical College of the City of New York, 1898, member of the New York State and National Eclectic Medical Association, at his home in New York City, March 21, aged forty-six.

Perce, Lewis A., Eclectic Medical Institute, Cincinnati, 1882, past president of the Southern California and member of the National Eclectic Medical Association, at his home in Long Beach, Cal., April 9, aged sixty-one.

Phillips, Wm., Eclectic Medical Institute, 1877, member of the Ohio State and National Eclectic Medical Association, at his home in Jackson, Ohio, April.

Porter, A. W., Eclectic Medical Institute, Cincinnati, 1876, at his home in Loogootee, Ind., March 14, aged eighty.

Prankhard, William, Eclectic Medical College of the City of New York, 1871, at his home in South Brooklyn, N. Y., March 9, aged eighty-five.

Ring, M. M., California Eclectic Medical College, 1912, at his home in Los Angeles, February 28.

Sheldon, Alvis B., Eclectic Medical Institute, Cincinnati, 1889, a member of the Kentucky State and National Eclectic Medical Associations, at his home in Boydville, Ky., March 28, aged seventy-one.

Simmons, Adam B., Eclectic Medical Institute, Cincinnati, 1867, at his home in Chino, Cal., February 7, aged seventy-eight.

Spurlock, Thomas J., Eclectic Medical Institute, Cincinnati, 1856, of McComb, Miss., at Summit, Miss., January 22, aged eighty-four.

Stauffer, Annie W., Eclectic Medical College of the City of New York, 1881, at Philadelphia, March 3, aged seventy.

Von Langan, Caroline Morrosco, California Eclectic Medical College, Los Angeles, 1889, at her home in Chicago, March 17.

THE NATIONAL MEETING.

We append the list of officers and program for the meeting in San Francisco. The program will be subject to change at the time of meeting in accordance with the wishes of the local committee of arrangement. Our meeting promises to be well attended. The itinerary is delightful and promises no end of enjoyment en route to the Golden Gate. Everything possible has been done by the officials of the National to make this meeting a success both scientifically and socially, the balance rests with the membership. It will be only a few days after you receive your QUARTERLY until we leave Chicago for the West. If you are going send your name at once to me that your reservation may be secured. W. N. Mundy, M.D.,

Forest, Ohio.

Dear Doctor:

The Committee of Arrangements and Entertainment announces that it has selected the Hotel Plaza, Post and Stockton Streets, overlooking Union Square, as the official headquarters. Rates: European plan, single with bath, $2.50 and up; double with bath, $3.50, $4.00 and up. It is located ten minutes by car line from the Municipal auditorium, and eight minutes from the Fair grounds. Meals can be secured, if desired, breakfast 50 cents, luncheon 50 cents, dinner $1.00. The Address of Welcome will be delivered by Mayor Roth. Friday, June 18, will be known as the "Eclectic Medical Day," at the Fair. Dr. H. Ford Scudder, who has been up to San Francisco completing arrangements, reports everything satisfactory and that the Fair is beautiful beyond description, and, in his estimate, exceeds both the Chicago and St. Louis Fairs.

All officers of the National as well as officers and members of the California Eclectic Medical Society will be found here. The rates quoted are extremely low considering that June is one of the banner exposition months, and the committee urgently requests all those who expect to attend to make their reservations early. Write the hotel management direct, stating the number in your party, length of stay, number and price of rooms desired. To obtain this minimum rate it will be necessary to make reservations early and enclose a deposit of $5.00 for each room.

The sessions will be held in the Municipal auditorium at the Civic Center, Tenth and Market Streets, with street car service direct from the hotel.

The Eclectic Medical Society of California extends a most cordial invitation and promises a big-hearted California welcome to all members of the National. We have the best "World's Fair" ever held and expect to have the largest and most enthusiastic meeting ever held by the National. Don't forget the dates—June 14, 15, 16 and 17. June 18 is set aside and will be known on the Exposition grounds as "National Eclectic Medical Association Day."

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

President—T. D. Adlerman, M.D., 910 St. John's Place, Brooklyn, N. Y.
First Vice-President—W. E. Daniels, M.D., Madison, S. D.
Second Vice-President—O. S. Coffin, M.D., 1552 E. Tenth Street, Indianapolis, Ind.
Third Vice-President—W. W. Maple, M.D., Des Moines, Iowa.
Recording Secretary—William P. Best, M.D., 2218 E. Tenth St., Indianapolis, Ind.
Corresponding Secretary—W. N. Mundy, M.D., Forest, Ohio.
Treasurer—E. G. Sharp, M.D., Guthrie, Okla.

NATIONAL COMMITTEES.

On Conference with Homeopaths—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; J. P. Harvill, M.D., Nashville, Tenn.; R. L. Thomas, M.D., Cincinnati, Ohio.

On Grievances—M. M. Harvill, M.D., chairman, Nashville, Tenn.; Wm. L. Heeve, M.D., Brooklyn, N.Y.; M. D. Brown, M.D., DeKalb, Ill.; G. T. Fuller, M.D., Mayfield, Ky.; F. W. Schneerer, M.D., Norwalk, Ohio.

On Credentials—M. B. Pearlstien, M.D., chairman; R. E. Holmes, M.D., Harrisburg, Pa.; Pitts Edwin Howes, M.D., Boston, Mass.

On Finance—J. C. Mitchell, M.D., chairman, Louisville, Ky.; B. K. Jones, M.D., Kenton, Ohio; E. J. Dech, M.D., Easton, Pa.

On Legislation—J. K. Scudder, M.D., chairman, Cincinnati; J. A. Munk, M.D., Los Angeles, Cal.; W. N. Mundy, M.D., Forest, Ohio.

On Necrology and History—H. W. Felter, M.D., chairman, Cincinnati; H. Harris, M.D., New York; F. W. Abbott, M.D., Taunton, Mass.

On Press—A. J. Atkins, M.D., chairman, San Francisco, Cal.; B. Roswell Hubbard, M.D., Los Angeles; O. C. Wellborne, M.D., Los Angeles; F. Green, M.D., New York.

On Audit—S. J. Louther, M.D., chairman, Somerset, Pa.; R. A. Toms, M.D., Kenmore, N. Y.; B. H. McKinney, M.D., Arcadia, Fla.

Council of Medical Education—Wm. P. Best, M.D., chairman, Indianapolis, Ind.; W. N. Mundy, M.D., secretary, Forest, Ohio; Henry Stoesser, M.D., Brooklyn, N. Y.; H. Ford Scudder, M.D., Los Angeles, Cal.

Committee on Arrangements and Entertainment.—Dr. H. Ford Scudder, chairman, 337½ South Hill Street, Los Angeles, Cal.; Dr. H. W. Hunsaker, treasurer, 524 Pacific Building, San Francisco, Cal.; Dr. A. J. Atkins, 734 Pine Street, San Francisco, Cal.; Dr. J. B. Mitchell, Shreve Building, San Francisco, Cal.; Dr. W. A. Harvey, 524 Pacific Building, San Francisco, Cal.; Dr. J. A. Riley, Santa Clara Ave., Alameda, Cal.; Dr. C. H. Harvey, 33 Third Street, San Jose, Cal.; Dr. Benj. H. Childs, Santa Maria, Cal.; Dr. C. N. Miller, Fruitvale, Cal.

Committee on Publicity—Pamphlets, Etc.—J. K. Scudder, Cincinnati, Ohio; J. Uri Lloyd, Cincinnati, Ohio; J. A. Munk, Los Angeles, Cal.

SECTIONS.

Section 1, Practice—R. L. Thomas, M.D., Chairman, Cincinnati; V. Sillo, M.D., Vice-Chairman, New York City, N. Y.; E. J. Latta, M.D., Secretary, Kenesaw, Neb.

Section 2, Surgery—Roswell B. Hubbard, M.D., Chairman, Los Angeles, Cal.; L. Lanzer, M.D., Vice-Chairman, Brooklyn, N. Y.; E. B. Shewman, M.D., Secretary, Cincinnati, Ohio.

Section 3, Materia Medica—Frank Webb, M.D., Chairman, Bridgeport, Conn.; H. W. Felter, M.D., Vice-Chairman, Cincinnati, Ohio; Chas. E. Buck, MdD., Secretary, Boston, Mass.

Section 4, Obstetrics—J. R. Spencer, M.D., Chairman, Cincinnati, Ohio; M. F. Bettencourt, M.D., Vice-Chairman, Mart, Texas; H. H. Helbing, M.D., Secretary, St. Louis, Mo.

Section 5, Public Health—W. N. Ramey, M.D., Chairman, Lincoln, Neb.; D. P. Borden, M.D., Vice-Chairman, Paterson, N. J.; C. M. Chandler, M.D., Secretary, Salt Lake City, Utah.

Section 6, Mental and Nervous Diseases—F. S. Peck, M.D., Chairman, Oklahoma City, Okla.; M. M. Hamblin, M.D., Vice-Chairman, St. Louis, Mo.; W. E. Postle, M.D., Secretary, Shepard, Ohio.

Section 7, Gynecology and Orificial Surgery—O. C. Welborn, M.D., Chairman, Los Angeles, Cal.; B. E. Dawson, M.D., Vice-Chairman, Kansas City, Mo.; M. B. Pearlstien, M.D., Secretary, Brooklyn, N. Y.

Section 8, Orthopedics—E. J. Farnum, M.D., Chairman, Chicago, Ill.; L. S. P. Downs, M.D., Vice-Chairman, Galveston, Texas; W. E. Kinnett,

M.D., Secretary, Peoria, Ill.

Section 9, Pediatrics—W. N. Mundy, M.D., Chairman, Forest, Ohio; J. O. Cummings, M.D., Vice-Chairman, Nashville, Tenn.; Amy Robinson, M.D., Secretary, Hastings, Neb.

Section 10, Pathology—S. M. Sherman, M.D., Chairman, Columbus, Ohio; G. E. Potter, M.D., Vice-Chairman, Newark, N. J.; F. J. Nifer, M.D., Secretary, South Bend, Ind.

Section 11, Genito-Urinary Diseases—C. E. Laws, M.D., Chairman, Ft. Smith, Ark.; B. C. Minkler, M.D., Vice-Chairman, Des Moines, Iowa; G. O. Hulick, M.D., Secretary, East St. Louis, Ill.

Section 12, Ophthalmology, Otology, Laryngology—Robt. C. Heflebower, M.D., Chairman, Cincinnati, Ohio; W. J. Kidd, M.D., Burlington, Ind., W. W. Maple, M.D., Secretary, Des Moines, Iowa.

Committee on Organization—

Arkansas—L. L. Marshall, Little Rock.
California—H. Ford Scudder, Los Angeles.
Canada—J. Gorden Bennett, Halifax.
Colorado—W. O. Patterson, Pueblo.
Connecticut—T. S. Hodge, Torrington.
Cuba—Frank Tudela, Guantanamo.
Florida—J. M. Mann, Lake Butler.
Georgia—J. H. Goss, Decatur.
Idaho—Russell Truitt, Cottonwood.
Illinois—G. O. Hulick, East St. Louis.
Indiana—H. E. Vitou, South Bend.
Iowa—W. W. Maple, Des Moines.
Kansas—E. K. Lawrence, Pawnee Rock.
Kentucky—T. A. E. Evans, Farmers.
Maine—A. Fossett, Portland.
Maryland—Geo. W. Fisher, Baltimore.
Massachusetts—C. E. Buck, Boston.
Michigan—H. Shafer, Detroit.
Minnesota—F. E. Hufnail, Minneapolis.
Mississippi —
Missouri—B. J. Wiesner, St. Louis.
Nebraska—E. J. Latta, Kenesaw.
Nevada—J. P. Martin, Reno.
New Hampshire—L. P. Massicotte, Keene.
New Jersey—G. E. Potter, Newark.
New York—T. D. Adlerman, Brooklyn.
Ohio—W. N. Mundy, Forest.
Oklahoma—K. P. Hampton, Sopor.
Oregon—H. L. Henderson, Astoria.
Pennsylvania—E. J. Dech, Easton.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. E. Daniels, Madison.
Tennessee—J. P. Harvill, Nashville.
Texas—H. H. Blankmeyer, Aransas Pass.
Utah—C. L. Olsen, Murray.
Vermont—H. N. Waite, Johnson.
Washington—J. W. Cosford, Spokane.
Wisconsin—J. R. Brewer, Jefferson.
Wyoming—T. A. Dean, Casper.

Program

Monday, June 14, 10:30 A. M.

Call to Order by President.....T. D. Adlerman, M.D.
Address of Welcome.....Mayor Roth, of San Francisco.
Address of Welcome.....A. J. Atkins, M.D., San Francisco, President of the California State Society.

Business Session.

Calling roll of officers.
Calling roll of States for formation house of delegates.
Approval of minutes of previous meeting.
Report of recording secretary.
Report of corresponding secretary.
Report of treasurer.
Report of standing committees.
Report of special committees.
Appointment of new committees.
Miscellaneous or new business.

Monday, 2:00 P. M.

President's Address.....T. D. Adlerman, M.D., Brooklyn, N. Y.
Response.

Business Session.

SECTION I—PRACTICE.

Chairman—R. L. Thomas, M.D., Cincinnati, Ohio.
Vice-Chairman—V. Sillo, M.D., New York, N. Y.
Secretary—E. J. Latta, M.D., Kenesaw, Neb.

1. In the Practice of Medicine Thirty Years.....W. N. Holmes, M.D., Nashville, Tenn.
2. Pellagra.....M. F. Bettencourt, M.D., Mart, Texas.
3. A Case of Epithelioma.....Frank Webb, M.D., Bridgeport, Conn.
4. The History of a Mammary Cancer.....J. W. Fyfe, M.D., Saugatuck, Conn.
5. Summer Complaint.....W. E. Daniels, M.D., Madison, S. D.
6. How I Treat Acute Lobar Pneumonia.....Geo. M. Hite, M.D., Nashville, Tenn.
7. Diabetes Mellitus.....N. M. Dewees, M.D., Cambridge, Ohio.
8. Subject unannounced..H. H. Blankemeyer, M.D., Aransas Pass, Texas.
9. Country Practice Versus City Practice.....M. E. Eastman, M.D., Weaverville, Cal.
10. Subject unannounced.....J. P. Bennett, M.D., Chicago, Ill.
11. Development of Inflammation and Its Control...Chas. Woodward, M.D., Chicago, Ill.
12. Ascites.....Wm. G. Choate, M.D., Hot Springs, Ark.

13. Antitoxin, Does It Cure Diphtheria?.....M. M. Hamlin, M.D., St. Louis, Mo.
14. Some Things I Have Learned.....W. W. Wimer, M.D., Honey Grove, Texas.
15. Albuminuria.....O. S. Coffin, M.D., Indianapolis, Ind.
16. Cholangitis.....Orlando Coe, M.D., Bend, Ore.
17. Some Bedside Experiences.....J. D. McCann, M.D., Indianapolis, Ind.
18. A Lady Doctor's Experiences...R. Munda Sinclair, San Francisco, Cal.
19. Echinacea Angustifolia and Inula Helenium in the Treatment of Tuberculosis.....V. Von Unruh, M.D., New York, N. Y.
20. Constipation as a Causative Factor and the Remedy....O. C. Baird, M.D., Chanute, Kan.
21. The Philosophy of Fasting.....M. A. Carriker, M.D., Nebraska City, Neb.
22. The Present and Future of the Healing Art..... Jas. A. Beard, M.D., Los Angeles, Cal.
23. Bronchial Asthma.....Geo. C. Porter, M.D., Linton, Ind.
24. Smallpox.....F. S. Hosman, M.D., Indianapolis, Ind.
25. Dropsy, Acystia and Anisocoria.....L. E. Eslick, M.D., Rockwell City, Iowa.

Tuesday, June 15, 9:00 A. M.

Business Section.

SECTION II—SURGERY.

Chairman—B. Roswell Hubbard, M.D., Los Angeles, Cal.
Vice-Chairman—L. Lanzer, M.D., Brooklyn, N. Y.
Secretary—E. B. Shewman, M.D., Cincinnati, Ohio.

1. Supra-Pubic Prostatectomy...E. B. Shewman, M.D., Cincinnati, Ohio.
2. Epilepsy from a Surgical View.....I. A. Wheeler, M.D., Healdsburg, Cal.
3. The Treatment of Prostatic Enlargement by Electric Cautery..... .....Lee H. Smith, M.D., Buffalo, N. Y.
4. Modication of the Whitehead Operation.....Geo. G. Gere, M.D., San Francisco, Cal.
5. The Importance of Correct Surgical Diagnosis in Operative Work.. .....B. Roswell Hubbard, M.D., Los Angeles, Cal.
6. Calo-Nephro-Duodenoptosis.....O. C. Welbourn, M.D., Los Angeles, Cal.
7. Orificial Surgery as an Aid to General Surgery...B. E. Dawson, M.D., Kansas City, Kan.
8. Bacteriology as an Aid to Surgical Diagnosis...T. C. Schneerer, M.D., Los Angeles, Cal.
9. Ovarian Growths.....H. H. Helbing, M.D., St. Louis, Mo.
10. Operation upon Arteries.....L. Lanzer, M.D., Brooklyn, N. Y.

11. Anatomical Anomalies of the Abdominal Viscera....F. L. Wilmeth, M.D., Lincoln, Neb.
12. Tumors of the Testicle.....G. A. Angus, Omaha, Neb.
13. The Eclectic Surgeon.....W. L. Heeve, M.D., Brooklyn, N. Y.

SECTION III—OPHTHALMOLOGY.

Chairman—Robert C. Heflebower, M.D., Cincinnati, Ohio.
Vice-Chairman—W. J. Kidd, M.D., Burlington, Ind.
Secretary—W. W. Maple, M.D., Des Moines, Iowa.

1. Ocular Headaches.....E. J. Burten, M.D., Newport, Ky.,
2. Trachoma Among the Indians.....Judson Liftchild, M.D., Ukiah, Cal.
3. Exercise for Strengthening the Ocular Muscles..E. P. Whitford, M.D., Bridgewater, N. Y.
4. Methods of Testing Hearing.....J. F. Barbrick, M.D., Los Angeles, Cal.
5. Some Results in Nose and Throat Surgery.....S. A. Lutgen, M.D., Wayne, Neb.
6. Eye, Ear, Nose and Throat in General Practice.....L. A. Perce, M.D., Long Beach, Cal.
7. Acute Nasopharyngitis.....L. J. Wottring, M.D., Cincinnati, Ohio.
8. Therapeutics of Eye, Ear, Nose and Throat Diseases....Herbert T. Webster, M.D., Oakland, Cal.
9. Cataract Operation.....John H. Powell, M.D., Atlanta, Ga.
10. Subject unannounced.....A. S. Tuchler, M.D., San Francisco, Cal.
11. A Plea for Conservation in Tonsillar Surgery..R. C. Heflebower, M.D., Cincinnati, Ohio.
12. Manual Manipulation of the Pharyngeal Orifice of the Eustachian Tube in Catarrhal Deafness....M. M. Ring, M.D., Los Angeles, Cal.
13. Diseases of the Antrum.....G. W. Harvey, M.D., Big Pine, Cal.
14. Diseases of the Eye Due to Congenital Syphilis...J. C. Solomon, M.D., Los Angeles.
15. Unannounced.....H. W. Hunsacker, M.D .,San Francisco, Cal.

Tuesday, June 15, 2:00 P. M.

Business Session.

Address.....John Uri Lloyd, Phar.M., Cincinnati, Ohio.

SECTION IV—MATERIA MEDICA.

Chairman—Frank Webb, M.D., Bridgeport, Conn.
Vice-Chairman—H. W. Felter, M.D., Cincinnati, Ohio.
Secretary—Chas. E. Buck, M.D., Boston, Mass.

1. Specific Medication.....S. B. Munn, M.D., Waterbury, Conn.
2. Liatris Spicata.....Geo. W. Holmes, M.D., Sharpes, Fla.

3. A Comparative Study between the Vegetable Remedies and the Hormones.....Finley Ellingwood, M.D., Chicago, Ill.
4. Specific Medicine Chionanthus.....E. G. Sharp, M.D., Guthrie, Okla.
5. Reciprocity.....J. K. Scudder, M.D., Cincinnati, Ohio.
6. Pulsatilla.....J. P. Harvill, M.D., Nashville, Tenn.
7. Berberis.....W. C. Choate, M.D., Hot Springs, Ark.
8. Pulsatilla.....Geo. A. Faber, M.D., Waterbury, Conn.
9. Administering Drugs and Their Physiological Effect.....
.....W. H. Converse, M.D., Eastport, Conn.
10. Tiger Lily.....R. L. White, M.D., New Canaan, Conn.
11. Subject announced.....Kenneth Van Allen. M.D., Boston, Mass.
12. Anemopsis Californica.....C. M. Deem, M.D., Columbus, Ohio.
13. The Therapeutics of Typhoid Fever.....R. E. Holmes, M.D., Harrisburg, Pa.
14. The Wealth of Our Eclectic Materia Medica....W. R. Ruble, M.D., Smiths Grove, Ky.
15. Extra-Genital, Chancre with Comparative Therapeutics.....
.....J. M. Wells, M.D., Vanceburg, Ky.
16. Passiflora, Preparation and Uses.....Frank Webb, M.D., Bridgeport, Conn.
17. Oil of Anisopsis.....J. F. Barbrick, M.D., Los Angeles, Cal
18. Terra Incog-Natura-Akoz.....H. Webster, M.D., Oakland, Cal.
19. My Method of Studying Materia Medica and Therapeutics.....
.....W. W. Wimer, M.D., Honey Grove, Texas.
20. Elimination and Nutrition..M. A. Carriker, M.D., Nebraska City, Neb.
21. Therapeutic Facts Unified.....W. E. Bridge, M.D., Bonham, Texas.
22. Pituitary Extract.....M. S. Canfield, M.D., Frankfort, Ind.
23. The Medicine of the Future....Amy Florence Temple, Oakland, Cal.
24. Serums.....Chas. Clarke, M.D., San Francisco, Cal.
25. Pulsatilla.....H. C. Smith, M.D., Glendale, Cal.

Wednesday, June 16, 9:00 A. M.

Business Session.

SECTION V—OBSTETRICS.

Chairman—J. R. Spencer, M.D., Cincinnati, Ohio.
Vice-Chairman—M. F. Bettencourt, M.D., Mart Texas.
Secretary.—H. H. Helbing, M.D., St. Louis, Mo.

1. Post-Partum Attention.....M. A. Cooper, M.D., Childress, Texas.
2. Painless Parturition.....J. M. Wells, M.D., Vanceburg, Ky.
3. Some of My Experiences in an Obstetrical Practice.....
.....Geo. M. Hite, M.D., Nashville, Tenn.
4. My Experience with H, M. C. Is Better Than Morphine.....
.....J. H. McHinney, M.D., Patin City, Cal.
5. Care of the Perineum.....J. A. Munk, M.D., Los Angeles, Cal.

6. Puerperal Septicemia.....W. R. Fowler, M.D., Pottsville, Texas.
7. Ante-Partum Aids to the Parturient Woman.....L. S. Downs, M.D., Waco, Texas.
8. Assistance During Parturition, ...R. E. Sawyer, M.D., Durant, Okla.
9. Pituitrin.....H. H. Blankmeyer, M.D., Aransas Pass, Texas.
10. Skin Disorders Accompanying Pregnancy.....P. M. Welbourn, M.D., Los Angeles, Cal.
11. The Preparation of the Expectant Mother.....Janet Quinn, M.D., Newport, Ky.
12. Some Valuable Remedies in the Puerperal State...Frank Webb, M.D., Bridgeport, Conn.
13. Let Nature Have Her Way.....J. H. Ashbranner, M.D., New Albany, Ind.
14. Care of the Breasts.....M. E. Daniel, M.D., Honey Grove, Texas.
15. The Use of Common Sense in the Practice of Obstetrics..... .....C. E. Buck, M.D., Boston, Mass.
16. A Few Specific Ecbolics.....M. M. Harvill, M.D., Nashville, Tenn.
17. Some Aids in Obstetrics.....M. W. Meadows, M.D., Fullerton, Ky.
18. Some of the Newer Remedies in Obstetrics.....C. S. Harding, M.D., Bellevue, Ohio.
19. Uterine Subinvolution.....C. L. Hudson, M.D., Mart, Texas.
20. Obstetrical Reminiscences.....G. E. Potter, M.D., Newark, N. J.
21. Pretentious Attention to the Woman in Parturition and During the Puerperium.....B. L. Simmons, M.D., Granville, Tenn.
22. Urinary Retention Following Labor.....M. F. Bettencourt, M.D., Mart, Texas.
23. Indigestion of Pregnancy.....N. M. Dewees, M.D., Cambridge, Ohio.
24. Prenatal Care.....Pauline M. Beuchler, M.D., Louisville, Ohio.
25. Obstetrical Suggestions.....J. R. Spencer, M.D., Cincinnati, Ohio.
26. Some Irritating Things in Obstetrical Practice...W. E. Daniels, M.D., Madison, S. Dakota.
27. European "Twilight Sleep," or American, Which?..O. C. Baird, M.D., Chanute, Kan.
28. Watchful Waiting.....G. H. Smith, M.D., Kansas City, Kan.
29. My First and Only Case of Placenta Previa.....B. E. Dawson, M.D., Kansas City, Mo.
30. A Case in Practice.....Ivadell Rogers, M.D., Lawrenceburg, Tenn.
31. The American Idea of the "Twilight Sleep".....O. C. Baird, M.D. Chanute, Kan.
32. Puerperal Sepsis.....F. M. Andrus, M.D., Lincoln, Neb.
33. Chloroform in Second Stage of Labor...J. C. Entz, M.D., Hope, Kan.

Wednesday, 2:00 P. M.

Business Session.

SECTION VI—PUBLIC HEALTH.

Chairman—W. N. Ramey, M.D., Lincoln, Neb.

Vice-Chairman—D. P. Borden, M.D., Paterson, N. J.
Secretary—C. M. Chandler, M.D., Salt Lake City, Utah.

1. Relation of the Physician to Public Health.....L. A. Perce, M.D., Long Beach, Cal.
2. Subject unannounced.....G. W. Harvey, M.D., Big Pine, Cal.
3. The Teaching of Hygiene in Our Public Schools...H. N. Waite, M.D., Johnston, Vt.

SECTION VII—MENTAL AND NERVOUS DISEASES.

Chairman—F. S. Peck, M.D., Oklahoma City, Okla.

Vice-Chairman—M. M. Hamlin, M.D., St. Louis, Mo.

Secretary—W. E. Postle, M.D., Columbus, Ohio.

1. Splanchnic Neurasthenia, Its Influence on the Nervous System..... .....A. S. Tuchler, M.D., San Francisco, Cal.
2. Dipsomania.....Amos J. Givens, M.D., Stamford, Conn.
3. Some Mental and Physical Phenomena Following Orificial Surgery.. .....D. E. McCarty, M.D., El Reno, Okla.
4. Are the "Jews" Consumed by Insanity?.....Theo. D. Adlerman, M.D., Brooklyn, N.Y.
5. The Insanities of the Puerperal Period.....Theo. D. Adlerman, M.D., Brooklyn, N. Y.
6. Adaptation of Life to Environment.....J. A. Munk, M.D., Los Angeles, Cal.
7. The Proper Care and Treatment of the Insane....W. E. Postle, M.D., Shepard, Ohio.
8. The Potency of Orificial Surgery in Psychosis...B. E. Dawson, M.D., Kansas City, Mo.
9. Some Causes of Nervous Phenomena.....T. H. Stagner, M.D., Guthrie, Okla.
10. Heredity and Treatment.....Frank P. Davis, M.D., Enid, Okla.
11. Psycho-Therapeutics.....F. S. Peck, M.D., Oklahoma City, Okla.
12. Treatment and Cure of the Criminally or Viciously Inclined, Incipient and Chronic.....F. E. Hufnail, M.D., Minneapolis, Minn.
13. Causes and Treatment of Insanity.....M. A. Carriker, M.D., Nebraska City, Neb.

SECTION VIII—PATHOLOGY.

Chairman—S. M. Sherman, M.D., Columbus, Ohio.
Vice-Chairman—G. E. Potter, M.D., Newark, N.J.
Secretary—F. J. Nifer, M.D., South Bend, Ind.

1. Surgical Pathology of the Prostate Gland.....E. B. Shewman, H.D., Cincinnati, Ohio.
2. Orthopedic Pathology.....T. C. Young, M.D., Glendale, Cal.
3. The Pathology of Arteriosclerosis.....Herbert T. Cox, M.D., Los Angeles, Cal.
4. Report of a Case.....T. D. Hollingsworth, M.D., Akron, Ohio.
5. Pathology-Treatment of Inflammatory Rheumatism..J. F. Atha, M.D., Germantown, Neb.

Thursday, June 17, 9:00 A. M.

Business Session.

SECTION IX—GYNECOLOGY AND ORIFICIAL SURGERY.

Chairman—O. C. Welbourn, M.D., Los Angeles, Cal.
Vice-Chairman—B. E. Dawson, M.D., Kansas City, Mo.
Secretary—M. B. Pearlstein, M.D., Brooklyn, N. Y.

1. The Operative Technique of Perineorrhaphy..Ada Scott Morton, M.D., San Francisco, Cal.
2. Gynecology in General Practice..L. A. Perce, M.D., Long Beach, Cal.
3. The Cause and Treatment of Pelvic Peritonitis..B. Roswell Hubbard, M.D., Los Angeles, Cal.
4. Placenta Previa.....O. C. Welbourn, M.D., Los Angeles, Cal.
5. The Medical Cure of Cancer in the Female.....W. J. Rouse, M.D., Williamsport, Pa.
6. The Female Aspect of Child Labor.....M. B. Pearlstein, M.D., Brooklyn, N. Y.
7. Common Sense in Obstetrics....G. W. Harvey, M.D., Big Pine, Cal.
8. Cervical Stenosis or Painful Menstruation; Its Electrical Treatment. A. S. Tuchler, M.D., San Francisco, Cal.
9. Sterility.....K. E. Seeberger, M.D., Los Angeles, Cal.
10. Pulsatilla in Inefficient Labor.....Herbert T. Webster, M.D., Oakland, Cal.
11. Gonorrhea.....H. W. Crook, M.D., Long Beach, Cal.
12. Placenta Previa—Puerperal Eclampsia.....C. M. Chandler, M.D., Salt Lake City, Utah.
13. Prophylaxis in Gynecology....Ella M. Caryl, M.D., Los Angeles, Cal.
14. Obstetrics in the Country..W. W. Wimer, M.D., Honey Grove, Texas.
15. Habitual Abortion, the Cause and Prophylaxis Before Conception. E. L. Smythe, M.D., Bremerton, Wash.
16. The Don't of Orificial Surgery..A. J. Atkins, M.D., San Francisco, Cal.

17. Subject Unannounced.....C. I. Welsh, M.D., Clyde, Kansas.
18. Some Orificial Suggestions to the Gynecologist..B. E. Dawson, M.D., Kansas City, Mo.
19. Endometritis.....V. E. Duren, M.D., Hot Springs, Ark.

Thursday, June 17, 11:00 A. M.

Business Session.

Report of Board of Delegates.

SECTION X—PEDIATRICS.

Chairman—W. N. Mundy, M.D., Forest, Ohio.
Vice-Chairman—J. O. Cummings, M.D., Nashville, Tenn.
Secretary—Amy Robinson, M.D., Hastings, Neb.

1. Infantile Colic.....J. W. Pruitt, M.D., St. Louis, Mo.
2. Diseases of the Heart in the Babe..T. A. E. Evans, M.D., Farmers, Ky.
3. Lengthening Tendons in Infantile Paralysis....H. A. Shafor, M.D., Detroit, Mich.
4. Rheumatism in Children.....J. F. Wuist, M.D., Dayton, Ohio.
5. Vaccination.....Chas. W. Beaman, M.D., Cincinnati, Ohio.
6. Cow's Milk in Infant Feeding.....D. S. Pruitt, M.D., St. Louis, Mo.
7. Reflex-Cough with the Report of Three Cases.....J. C. Entz, M.D., Hope, Kansas.
8. Broncho-Pneumonia.....H. J. Terpenning, M.D., Fulton, N. Y.
9. Chronic Tonsillitis.....M. F. Bettencourt, M.D., Mart, Texas.
10. Circumcision and Fresh Air, Two Important Factors in Children's Diseases.....M. B. Pearlstein, M.D., Brooklyn, N. Y.
11. The Mother and Babe.....M. B. Morey, M.D., Smiley, Texas.
12. Pellagra.....Ivadell Rogers, M.D., Lawrenceburg, Tenn.
13. Scarlet Fever.....R. T. Rudd, M.D., Fulton, Ky.
14. Dentition.....Florence Stir Smith, M.D., Newark, Ohio.
15. Medication of Children.....C. W. Jester, M.D., Lincoln, Neb.
16. Tonsils and Adenoids.....H. V. Brown, M.D., Los Angeles, Cal.
17. Tuberculosis in Children.....B. L. Simmons, M.D., Granville, Tenn.
18. Artificial Feeding of Infants....J. P. Harvill, M.D., Nashville, Tenn.
19. Specific Medication in Children's Diseases.....Geo. M. Hite, M.D., Nashville, Tenn.
20. Appendicitis in Children....D. D. Moncrief, M.D., Shelbyville, Tenn.
21. Care of the New-Born Infant..M. M. Harvill, M.D., Nashville, Tenn.
22. Constipation in Infants.....J. O. Cummins, M.D., Nashville, Tenn.
23. Scarlet Fever Complicated With Diphtheria.....A. P. Baird, M.D., Los Angeles, Cal.

Thursday, June 17, 2:00 P. M.

Business Session.

SECTION XI—GENITO-URINARY DISEASES.

Chairman—C. E. Laws, M.D., Ft. Smith, Ark.
Vice-Chairman—B. C. Minkler, M.D., Des Moines, Iowa.
Secretary—G. O. Hulick, M.D., East St. Louis, Ill.

1. Cystitis with Especial Reference to the Condition in the Newly Married. W. E. Aubuchon, M.D., Frankclay, Mo.
2. Enlarged Prostate.....G. O. Hulick, M.D., East St. Louis, Mo.
3. Cystitis in the Female.....S. W. Moreland, M.D., Jonesboro, Ark.
4. Spermatorrhea.....J. C. Mitchell, M.D., Louisville, Ky.
5. Sexology Versus False Modesty..Simon L. Katzoff, M.D., Atlanta, Ga.
6. Syphilis.....W. G. Choate, M.D., Hot Springs, Ark.
7. Gonorrhea in Women.....Samuel G. Boyce, M.D., Little Rock, Ark.
8. Genito-Urinary Diseases with Relation to Rheumatism..A. W. Berrow, M.D., Hot Springs, Ark.
9. Woman's Life in the American Tropics.....T. H. Standlee, M.D., Edgewood, Texas.
10. Nephritis.....Geo. T. Jackson, M.D., Little Rock, Ark.
11. Diseases of the Prostate a Serious Factor....E. H. Stevenson, M.D., Ft. Smith, Ark.
12. The Evil of Uncared Gonorrhea to the Female.....J. M. Lee, M.D., Oklahoma City, Okla.
13. Cystitis.....J. D. Smith, M.D., Dayton, Ohio.
14. Acute and Chronic Prostatitis.....J. N. Christian, M.D., Baker, Fla.
15. Syphilis of Brain-Nervous System.....L. L. Marshall, M.D., Little Rock, Ark.
16. Gonorrhea.....V. E. Duren, M.D., Hot Springs, Ark.
17. Os Uteri Complications.....Lee Strouse, M.D., Covington, Ky.
18. Specific Urethritis in the Male and Its Treatment....A. C. Prichard, M.D., Hot Springs, Ark.

Business Session.

Unfinished business.
Installation of officers.
Appointment of standing committees.
Adjournment.

Friday, June 18.

National Eclectic Medical Association Day at Exposition.

SPECIAL ANNOUNCEMENT.

In view of the fact that twenty-eight State Boards now require a pre-medical college course of matriculants in medicine, the *Eclectic Medical College* has decided to adhere strictly to the following course of study.

Prior to beginning the pre-medical work, each student must secure an Ohio Medical Students' Certificate of K. D. Swartzel, examiner for the Ohio State Medical Board, Columbus, Ohio.

Pre-Medical College Year (in the Ohio Mechanics Institute, Cincinnati, Ohio, or other standard literary college or university): Physics, Inorganic Chemistry, Biology and a modern language.

Freshman Medical Year.—Anatomy, embryology, histology, physiology, organic chemistry, pharmacology.

Sophomore Medical Year.—Anatomy, physiology, physiological chemistry, bacteriology and pathology, materia medica and therapeutics, specific diagnosis, hygiene and sanitation.

Junior Medical Year.—Clinical microscopy, surgical anatomy, physical diagnosis, practice of medicine, materia medica, surgery, ear, eye, nose and throat, obstetrics, medical gynecology, pediatrics, Tuberculosis Hospital Course, Health Department Co-Operative Course, Seton Hospital Clinics.

Senior Medical Year.—Practice of medicine, surgery, obstetrics, gynecology, mental and nervous diseases, pediatrics, ear, eye, nose and throat, medical jurisprudence, electro-therapy, dermatology, genito-urinary diseases, clinics and bedside instruction, Cincinnati Hospital, Longview Hospital Course.

For bulletins and more detailed information, address John K. Scudder, M.D., Secretary, 30 West Sixth Street, Cincinnati, Ohio.

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SOCIETY CALENDAR.

1. National Eclectic Medical Association—President, T. D. Adlerman, 910 St. Johns Place, Brooklyn, New York; Secretary, Wm. P. Best, Indianapolis, Indiana. San Francisco, June 14-18, 1915.
2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medical Association. President, R. B. Taylor, Columbus, Ohio; Secretary, A. W. Smith, Berwyn, Ill.
4. Arkansas Eclectic Medical Society. President, Adolph Jernigan, Tuckerman; Secretary, Geo. T. Jackson, Little Rock, June, 1915.
5. Atlanta Eclectic Medical Society. President, J. Q. Brantley; Secretary, S. L. Kalzoff, Atlanta, Ga.
6. Boston District Eclectic Medical Association. President, Geo. E. Pool, Sherbourn.
7. Brooklyn Therapeutic Society. Secretary, J. Steele, 96 Monitor Street, Brooklyn. Quarterly.
8. California Eclectic Medical Society. President, A. J. Atkins, San Francisco; Secretary, H. Ford Scudder, Los Angeles, San Francisco.
9. Central New York Eclectic Medical Society. Secretary, J. H. Terpenning, Fulton; L. B. Gardiner, Geneva.

10. Chicago Eclectic Medical and Surgical Society. Monthly.

11. Colorado Eclectic Medical Society. President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton.

12. Connecticut Eclectic Medical Society. President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually.

13. Dayton Eclectic Medical Society. President, E. E. Bechtel; Secretary, J. F. Wuist. Third Friday of each month.

14. Doctors Club, St. Louis. President, E. P. Waterhouse; Secretary, A. F. Stephens.

15. Eclectic Medical Society of the City and County of New York. President, H. Harris; Secretary, J. Berkenhauser, 216 East 17th Street, New York City. Third Thursday of each month.

16. Florida Eclectic Medical Association.

17. Ft. Wayne Eclectic Medical Society. President, G. A. Barry; Secretary, J. E. Morris. Monthly.

18. Georgia Eclectic Medical Association. President, John H. Powell, Atlanta; Secretary, C. H. House, Kirkwood, Atlanta; Atlanta 1915.

19. Illinois Eclectic Medical Association. President, Thos. Owings, Hinckley; Secretary, Geo. O. Hulick, East St. Louis. Peoria, May, 1915.

20. Indiana Eclectic Medical Association. President, W. E. Vitou, South Bend; Secretary, F. L. Hosman, Indianapolis. Indianapolis, May, 1915.

21. Iowa Eclectic Medical Society. President, L. E. Eslick, Rockwell City; Secretary, B. C. Minkler, Des Moines, May, 1915.

22. Kansas Eclectic Medical Association. President, Jay Baird, Coffeyville; Secretary, E. K. Lawrence, Pawnee Rock. Emporia, 1915.

23. Kansas City Medical Society. Semi-monthly.

24. Kentucky Eclectic Medical Society. President, F. E. Locke, Newport; Secretary, Lee Strouse, Covington. Louisville, 1915.

25. Kentucky Central Auxiliary. President, J. H. Shultz, Jeffersonville; Secretary, T. A. Evans, Farmers.

26. Kentucky Eastern Auxiliary. President D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton.

27. Kings County Eclectic Medical Society. President, Theo. D. Adlerman; Secretary, A. B. Wolf, 968 Forest Avenue, Brooklyn, N. Y.

28. Los Angeles County Eclectic Medical Society. President, O. C. Welbourn, Los Angeles; Secretary, K. E. Seeburgar, Los Angeles.

29. Maine Eclectic Medical Society. President, A. S. Von Sonneberg, Boston, Mass.; Secretary, Fred. W. Abbott, Taunton, Mass. Next meeting Portland, Me., May 26, 1915.

30. Maryland State Eclectic Medical Society President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 West North Avenue, Baltimore.

31. Massachusetts Eclectic Medical Society. President, Chas. E. Buck, Boston; Secretary, Sylvania A. Abbott, Taunton. Boston, June 3, 1915.

32. Michigan Eclectic Medical Society. President, R. L. Robinson, Allegan; Secretary, J. E. G. Waddington, Detroit. Grand Rapids, June 2-3, 1915.

33. Missouri Eclectic Medical Society. President, B. J. Weisner, St. Louis; Secretary, J. R. Barry, Carterville. St. Louis, 1915.

34. Missouri Valley Eclectic Medical Association. John C. Story, St. Joseph.

35. Minnesota Eclectic Medical Society.

36. Monroe County Eclectic Medical Society. Secretary, Darwin Cary, 31 Grand Avenue, Rochester, N. Y.

37. Nebraska Eclectic Medical Society. President, C. A. Lutgen, Auburn; Secretary, D. J. Bowman, Raymond.

38. New England Medical Association. President, C. A. Pratt, Mattapan, Mass.; Secretary, F. W. Abbott, Taunton, Mass. Boston, June 2-3, 1915.

39. New Hampshire Eclectic Medical Society.

40. Northeastern Ohio Eclectic Medical Society. President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

41. Northwestern Ohio Eclectic Medical Society. President, F. S. Bates, Lima; Secretary, W. F. Lehr, Arlington. Quarterly.

42. New Jersey Eclectic Medical Society. President, G. C. Young, Washington, N. J.; Secretary, A. Liva, Lyndhurst. Semi-annual.

43. New York Eclectic Medical Society. Secretary, T. D. Adlerman, 910 St. Johns Place, Brooklyn.

44. New York Specific Medication Club. President, M. D. Pearlstein, Brooklyn; Secretary, John Birkenhauser, 216 East 17th Street, New York City. Second Thursday of each month.

45. Northwestern Indiana Eclectic Medical Society. Secretary, W. F. Smith, Huntington.

46. Ohio Central Eclectic Medical Society. President, Geo. Williams, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

47. Ohio Eclectic Medical Association. President, H. M. Powers, Amherst; Secretary, W. N. Mundy, Forest.

48. Oklahoma Eclectic Medical Society. President, K. P. Hampton, Soper; Secretary, D. E. McCarty, El Reno. Oklahoma City, May, 1915.

49. Oregon Eclectic Medical Association. Secretary, Byron F. Miller.

50. Pennsylvania Eclectic Medical Association. President, E. J. Dech, Easton; Secretary, R. E. Heacock, S. Bethlehem.

51. Saratoga and Albany Eclectic Medical Society. Secretary, E. H. King, Sara-

52. South Dakota Eclectic Medical Society. President, H. E. Kellogg, Madison; Secretary, W. P. Collins, Howard.

53. Southern California Eclectic Medical Association. President, O. C. Darling, Riverside; Secretary, H. C. Smith, Los Angeles.

54. Southwestern Ohio Eclectic Medical Association. President, R. C. Hefflebower, Cincinnati; Secretary, Cloyce Wilson, Cincinnati.

55. San Francisco County Eclectic Medical Society. Secretary, A. Florence Temple. Meets first Thursday of each month, except July.

56. Sullivan County Eclectic Medical Society.

57. Tennessee Eclectic Medical Association. President, G. M. Hite, Nashville; Secretary, John O. Cummins, Nashville. May 11, 1915.

58. Texas Eclectic Medical Association. President, W. W. Wimer, Honey Grove; Secretary, H. H. Blankmeyer, Aransas Pass.

59. Vermont Eclectic Medical Association. President, J. V. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.

60. Washington Eclectic Medical Association. President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle.

61. Western Ohio Eclectic Medical Association. President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly

62. Western New York Eclectic Medical Society. President, T. A. Toms, Kenmore; Secretary, E. L. Downey, Middleport.

63. West Virginia Eclectic Medical Association. President, M. H. Waldron, Naugatuck; Secretary, A. C. Lambert, Charleston.

64. Wisconsin Eclectic Medical Society. President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown.

THE CONFERENCE OF THE ECLECTIC AND HOMEOPATHIC COMMITTEES.

CONGRESS HOTEL, CHICAGO, 8:00 P. M., FEBRUARY 16, 1915.

John K. Scudder, M.D., of Cincinnati, chairman; H. C. Aldrich, M.D., of Minneapolis, secretary. Present in addition: Dr. G. F. Severs, Eclectic, Centerville, Iowa; Dr. C. L. Johnstonbaugh, Eclectic, of Pennsylvania; Dr. S. A. Koppnagle, Eclectic, of Chicago; Drs. Stewart, of Pittsburgh and New York; Dr. R. S. Copeland, of New York; Henry E. Beebe, of Sidney, Ohio; Dr. C. F. Junkermann, of Columbus, Ohio; Dr. Claude Burrett, Columbus, Ohio; Dr. Grosvenor, Columbus, Ohio, and Mr. Smith, of Boston, Homeopaths.

The meeting was called to order by Dr. Scudder, and there followed a discussion of the fact that Homeopathic and Eclectic members of the various State Examining Boards are frequently *not* members of their State and National Societies. It was moved by Dr. Copeland and seconded by Dr. Stewart, of Pittsburgh, that a committee be appointed to find out the

facts as above stated and furnish information so learned to the secretaries of the various State societies and National bodies, which was carried.

The further discussion followed as to an exchange of information in regard to the political situation in medicine in the various States and as to the possible furtherance of reciprocity between the various State Examining Boards, so that the Homeopathic examiners may license Eclectic practitioners and *vice versa.*

Dr. Copeland presented the proposition of Dr. H. D. Schenck, of Brooklyn, N. Y., in reference to the necessity of supporting all independent medical colleges as opposed to State medical schools and that the Homeopathic members and Eclectic members of State Medical Examining Boards should be apprised of said facts.

A further discussion of the fact that preliminary or academic instruction in medical schools is allowed in Pennsylvania and not allowed in New York State, where professional schools are not allowed to teach academic studies.

The motion was made by Dr. Aldrich and seconded by Dr. Copeland, that Drs. H. D. Schenck, of Brooklyn, N. Y., and John K. Scudder, of Cincinnati, Ohio, be such committee to formulate a plan of action with letters to be sent out and were given power to act.

Dr. Scudder spoke for Dr. R. L. Thomas, of Cincinnati, Ohio, as to the future of the Homeopathic and Eclectic schools and that there was more effort needed to teach pure Homeopathy and pure Eclecticism and less attention to purely laboratory matters, also that it be suggested that medical schools should return to the old preceptorial method of selecting students and locating the same in the field of practice after graduation. All schools should teach more therapeutics and materia medica.

Dr. Johnstonbaugh, of Pennsylvania, talked on the matter of the education of the medical student, something which can not be overdone, paying particular attention to the subjects of materia medica and therapeutics. After graduation, and while internes in hospitals, they should be allowed to practice outside and to prescribe for cases under their observation in the various hospitals.

Dr. Copeland talked on the subject of the criticism which had been cast upon the newer schools (Homeopathic and Eclectic) that they had made no contributions to medical science. He feels that too much time is spent in laboratory work to the detriment of therapeutics and symptomatology. He feels that the senior student should be drilled in the symptomatology of our materia medica and they should be imbued, if possible, with a great faith in the principles of our schools of practice.

Dr. Stewart, of Pittsburgh, spoke of the need of the proper therapeutic application of the remedies to demonstrate the truths of our principles for the benefit of the students.

Dr. Koppnagle, of Chicago, told of his personal experiences in studying the action of medicine, also of his observation of the lack of work by the

professors of medical schools, that they should teach the students in their colleges everything in medicine.

Adjourned the same day to meet at the call of the chairman of the committee.

DR. HENRY C. ALDRICH, *Secretary.*

401 Donaldson Building, Minneapolis, Minn.

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SCHEDULE.

Lv. Chicago	9:40 A. M.,	June 8,	C. B. & Q.
Ar. Denver	1:00 P. M.,	June 9,	C. B. & Q.
Lv. Denver bet. 8:00 P. M. and midnight		June 9,	D. & R. G.
Ar. Colorado Springs	4:00 A. M.,	June 10,	D. & R. G.
Lv. Colorado Springs	4:00 A. M.,	June 11,	D. & R. G.
Ar. Glenwood Springs	3:30 P. M.,	June 11,	D. & R. G.
Lv. Glenwood Springs	6:30 P. M.,	June 11,	D. & R. G.
Ar. Salt Lake City	8:30 A. M.,	June 12,	D. & R. G.
Lv. Salt Lake City	2:30 P. M.,	June 12,	W. P.
Ar. San Francisco	7:00 P. M.,	June 13,	W. P.

For reservations, address John K. Scudder, M.D., 630 West Sixth Street, Cincinnati, Ohio.